

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June 8, 1993

Reason for this Transmittal	
<input type="checkbox"/>	State Law Change
<input type="checkbox"/>	Federal Law Change
<input checked="" type="checkbox"/>	Court Order or Settlement Agreement
<input type="checkbox"/>	Clarification Requested by One or More Counties
<input type="checkbox"/>	Initiated by CDSS

ALL COUNTY LETTER NO. 93-37

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY AFDC COORDINATORS  
ALL COUNTY GAIN COORDINATORS

SUBJECT: JACOBSON V. ANDERSON LAWSUIT

REFERENCES: ALL COUNTY LETTER (ACL) NO. 90-68 and 91-56

On April 12, 1993, the Superior Court for the County of San Luis Obispo approved the Consent Decree for the Jacobson v. Anderson lawsuit. The Consent Decree directs the California Department of Social Services (CDSS) and county welfare departments (CWDs) to restore the cash aid and/or supportive services benefits inappropriately withheld because a person's self-initiated educational program (SIP) could not be completed within two years. It also directs CWDs to allow affected persons who are still on aid to re-enroll in their former SIPs. The prospective portion of this lawsuit was implemented on July 26, 1990 with ACL No. 90-68.

The purpose of this ACL is to assist in the implementation of the retroactive portion of the Jacobson v. Anderson lawsuit. The claim period will be 90 days taking effect July 1, 1993 and ending September 28, 1993. The retroactive period is from May 9, 1987 through September 30, 1990. To plan and prepare for the July 1, 1993 implementation date, CWDs are to follow the enclosed draft of the proposed emergency regulations. CWDs will receive an adopted copy of the Jacobson emergency regulations approved by the State Office of Administrative Law as soon as it is available.

The Consent Decree identifies Jacobson class members as those persons:

- (1) Whose SIPs were initially disapproved solely because their SIPs would take more than two years to complete and who refused to quit their SIPs to participate in the Greater Avenues for Independence (GAIN) Program and were sanctioned for nonparticipation;

- (2) Whose SIPs were initially approved but not completed when class members reached the two-year limit for GAIN SIPs, who would not quit their SIPs to participate in GAIN and who were sanctioned for nonparticipation;
- (3) Who are still on aid, whose SIPs were initially disapproved, and who quit their SIPs on or after June 1, 1989 to participate in GAIN in order to avoid being sanctioned for nonparticipation in GAIN;
- (4) Who are still on aid, whose SIPs were initially approved but not completed when class members reached the two-year limit for GAIN SIPs, and who quit their SIPs on or after June 1, 1989 to participate in GAIN in order to avoid being sanctioned for nonparticipation in GAIN;
- (5) Who are still on aid, were exempt from GAIN and volunteered to participate, but whose SIPs were initially disapproved solely because they would take more than two years to complete. (This class excludes persons in counties which were not accepting exempt volunteers prior to October 1, 1990. This class also excludes exempt volunteers who have had their SIPs approved since October 1, 1990.)

This letter provides CWDs with specific instructions and materials necessary for the implementation of the retroactive portion of the Jacobson settlement. Enclosed are the following materials:

- o A draft of the proposed emergency regulations to be used to prepare for implementation.
- o A copy of the Informing Notice Card, TEMP GAIN 78 (7/93), for CWDs' information.
- o A reproducible copy of the Informing Notice, TEMP GAIN 80 (7/93), in English with bullets in Spanish, Vietnamese, Laotian, Chinese and Cambodian languages.
- o A reproducible copy of the Claim Form, TEMP GAIN 81 (7/93), in English and Spanish with bullets in the five standard Asian languages.
- o Reproducible copies of Notices of Action (NOA) messages with instructions and NOA camera-ready forms.
- o Court Case Statistical Reporting Form, GEN 1172 (5/93).

The NOA messages translated into Spanish and the four standard Asian languages will be sent to County Forms Coordinators by the Language Services Bureau under separate cover by July 9, 1993.

#### Notification

As a part of the notification process, CDSS will send a Jacobson TEMP GAIN 78 (7/93) to all current AFDC and medically-needy-only Medi-Cal recipients in affected CWDs. The affected CWDs responsible for implementation are: Alpine, Butte, Contra Costa, El Dorado, Fresno, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Mariposa, Merced, Modoc, Mono, Monterey, Nevada, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Tulare and Tuolumne.

To notify former GAIN participants no longer receiving aid, CWDs will be furnished posters [TEMP GAIN 79 (7/93)] in English and Spanish with bullets in Laotian, Vietnamese, Chinese and Cambodian. The posters will be sent under separate cover on or before June 1, 1993. The posters are to be displayed in GAIN offices and welfare offices from July 1, 1993 through September 28, 1993. In addition, GAIN offices are directed to provide posters to community colleges, State colleges, State universities and private colleges no later than June 21, 1993. CDSS will distribute posters to legal and welfare rights organizations selected by plaintiffs' counsel.

#### Review Case File

Affected CWDs that maintain separate records of GAIN-related sanctions will review case files to identify only class members "1" and "2," recalculate their cash aid corrective payment resulting from sanctions for nonparticipation in GAIN, and issue NOA M50-023A.

CWDs will NOT review case files to identify class members "3," "4," and "5."

If the information in the case file is insufficient to complete the case review, CWDs will issue NOA M50-023E requesting the needed information.

Affected CWDs that do not maintain separate records of GAIN-related sanctions but possess separate records of all persons sanctioned shall issue A TEMP GAIN 80 to those individuals who were sanctioned by the CWD during the retroactive period.

### Claims Processing

CWDs will give or mail a TEMP GAIN 81 to any person upon request.

If a CWD determines it is not the responsible CWD, the CWD will issue NOA M50-023D denying the claim and forward the TEMP GAIN 81 to the responsible CWD within 30 days from the time the CWD received the claim. If the potential class member did not identify the responsible CWD on the TEMP GAIN 81, the CWD will issue NOA 50-023D denying the claim within 60 days. If a TEMP GAIN 81 is submitted to an unaffected CWD, the CWD shall forward the claim to the responsible CWD when the class member specifies the responsible CWD on the form.

The responsible CWD will review the TEMP GAIN 81 to determine whether a person is a class member. If the person is not a class member, the CWD will issue NOA M50-023D within 60 days denying the claim.

If the responsible CWD needs additional information or clarification to complete processing a claim, the CWD will first try to obtain the information by telephone. If unable to do so the CWD will issue NOA M50-023F within 30 days of receipt of the TEMP GAIN 81 requesting the needed information.

CWDs will preprint the GAIN 50 (6/92) on the back of NOAs M50-023A, M50-023B and M50-023D. If CWDs are unable to preprint the GAIN 50 on the back, CWDs will attach the GAIN 50 to the NOAs.

Reproducible copies of the NOA forms can be obtained by calling CDSS' Forms Management Section at (916) 657-1907 or (CALNET) 8-437-1907.

### AFDC/Food Stamps

For the purpose of the AFDC Program, any retroactive GAIN supportive services and cash aid corrective payments made pursuant to the Jacobson lawsuit are not to be considered as income or as a resource in the month paid nor in the following month as specified in the Manual of Policy and Procedures (MPP) 44-340.6.

For purposes of determining continued eligibility for the Food Stamp Program, a retroactive corrective payment will be excluded as income for all Food Stamp households and excluded as a resource for categorically eligible Food Stamp households as long as they remain eligible for AFDC. If you have any questions about the impact of a corrective payment resulting from the Jacobson lawsuit on the Food Stamp Program, please call Ms. Suzanne McNamee at (916) 657-3815 or (CALNET) 8-437-3815.

Overpayments

Before issuing a corrective payment, CWDs must review each case to confirm that a class member does not have an established overpayment. A supportive services corrective payment must be offset against any established supportive services overpayment in accordance with MPP 42-751.4. unless such an action would prevent the class member from participating in GAIN as specified in MPP 42-751.32.

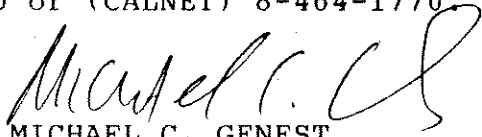
A cash aid overpayment will be offset by a retroactive corrective payment as specified in MPP 44-340.42. CWDs may not offset a cash aid corrective payment against a supportive services overpayment unless the CWD obtains permission from the class member as specified in MPP 42-751.43. The CWD will use TEMP GAIN 82 (7/93) and TEMP GAIN 83 (7/93) to obtain agreement of balancing overpayments in supportive services with a cash aid corrective payments or balancing cash aid overpayments with supportive services corrective payments.

If a class member is no longer on aid, the CWD must offset an overpayment with a retroactive corrective payment in accordance with MPP 44-340.42.

Fiscal Claiming

Detailed claiming instructions for the retroactive portion of the Jacobson lawsuit will follow shortly in a separate County Fiscal Letter. If there are any questions about fiscal claiming for this lawsuit, please call the Fiscal Policy and Procedures Bureau, Administrative Policy Unit at (916) 657-3440 or (CALNET) 8-437-3440.

If you have any questions or need any assistance regarding implementation or the enclosed materials, please contact Ms. Pat Loader at (916) 654-1770 or (CALNET) 8-464-1770.

  
MICHAEL C. GENEST  
Deputy Director  
Welfare Programs Division

Enclosures

c: CWDA

JACOBSON V. ANDERSON  
RETROACTIVE RELIEF

DRAFT EMERGENCY REGULATIONS

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## .1 Background.

On May 9, 1990, the Jacobson v. Anderson lawsuit was filed with the San Luis Obispo County Superior Court. This lawsuit challenged the California Department of Social Services' (CDSS) policy of allowing county welfare departments (CWDs) to refuse to approve plaintiffs' self-initiated programs (SIPs) under the Greater Avenues for Independence (GAIN) Program as GAIN activities solely because their SIPs would require more than two years to complete. This policy was in violation of the Welfare and Institutions Code (WIC) Section 11310 et seq. in effect before October 1990. In this class action, plaintiffs sought approval of their SIPs under GAIN, restoration of their full Aid to Families with Dependent Children (AFDC) grants and retroactive or prospective supportive services under GAIN for plaintiffs' approvable SIPs. Plaintiffs also sought a declaratory judgment that CWDs' practice of disapproving otherwise valid SIPs solely because they could not be completed within two years was unlawful under former WIC Section 11320.5(b)(5). CDSS agreed that CWDs could not disapprove SIPs before October 1990 solely because the SIPs could not be completed in two years. CDSS also agreed to restore cash aid to those persons who were sanctioned because they refused to quit their SIPs to participate in GAIN, provide retroactive or prospective supportive services to those persons who were denied such services and to allow those persons who choose to re-enroll in their approvable SIPs to do so in lieu of attending their other GAIN activities. On April 12, 1993, the San Luis Obispo County Superior Court signed the Settlement and Consent Decree.

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## .2 Definitions.

For the purpose of these regulations:

- a. "ABCDM 228 (10/78)" (Release of Information Form) means the document used by CWDs to obtain documentation when the class member does not have the necessary information or is unable to provide such information.
- b. "Approvable SIP" means an education or vocational training program of limited duration which is expected to lead to unsubsidized employment as specified in Section 50-023.91
- c. "Claim period" means the time in which a class member may file a claim under the Jacobson v. Anderson lawsuit. The claim period shall be 90 days beginning July 1, 1993 and ending midnight September 28, 1993.
- d. "Class member" means those persons:
  1. Whose SIPs were initially disapproved solely because their SIPs could not be completed within two years, they refused to participate in GAIN so they could continue in their SIPs and who were sanctioned for nonparticipation in GAIN;

or

2. Whose SIPs were initially approved but not completed when class members reached the two-year limit, they continued to participate in their SIPs and refused to participate in their GAIN components that would interfere with the continuation of their SIPs and were sanctioned for nonparticipation in GAIN;

or

3. Still on aid and whose SIPs were initially disapproved and who quit their SIPs on or after June 1, 1989 to participate in GAIN in order to avoid sanction for nonparticipation in GAIN;

or

4. Still on aid and whose SIPs were initially approved if:
  - o They quit their SIPs on or after June 1, 1989 because they had reached the two year limit for GAIN SIPs; and
  - o They had not completed the SIP at the time of quitting; and
  - o They quit their SIP to participate in GAIN in order to avoid a sanction for nonparticipation in GAIN.

or

5. Still on aid and who were exempt from GAIN registration, volunteered to participate in GAIN and whose SIPs were initially disapproved solely because their SIPs could not be completed within two years.
  - (a) Persons claiming membership in this class must be able to verify their initial contact with the CWD (e.g., GAIN registration, AFDC application, request for SIP approval).
    - (1) Verification shall include, but is not limited to, CWD phone records and logs.
    - (2) Self-certification of contact with CWDs shall be accepted unless the CWD has evidence to the contrary.
    - (3) The absence of a formal or written denial of a SIP or case log entry is not evidence of the lack of contact between the class member and the CWD.
  - (b) This class excludes persons in counties which were not accepting exempt volunteers into GAIN prior to October 1, 1990.



(c) This class also excludes exempt volunteers who have had their SIPs approved since October 1, 1990.

- e. "Corrective payment" means the retroactive payment of cash aid and/or supportive services inappropriately withheld from a class member.
- f. "Five standard languages" means Spanish, Vietnamese, Laotian, Chinese and Cambodian.
- g. "Four standard Asian languages" means Vietnamese, Laotian, Chinese and Cambodian.
- h. "GEN 1172 (5/93)" (Court Case Statistical Report) means the form used by CWDs to gather data regarding the claims filed and paid under this lawsuit.
- i. "NOA" means a notice of action (NOA) that is considered to be adequate within the meaning of MPP 22-021.
- j. "Responsible CWD" means the county welfare department GAIN office that took an action on which a class member's claim is based.
- k. "Retroactive period" means the period from May 9, 1987 through September 30, 1990.
- l. "TEMP GAIN 78" (Informing Card) means the document mailed with the Medi-Cal cards to current AFDC and Medically Needy Only (MNO) Medi-Cal recipients in responsible CWDs to inform potentially eligible persons of possible corrective payments and/or supportive services resulting from the Jacobson lawsuit.
- m. "TEMP GAIN 79" (Informing Poster) means the document used to notify class members and former GAIN participants of possible corrective payments and/or supportive services under the Jacobson lawsuit.
- n. "TEMP GAIN 80" (Informing Notice) means the document used by a CWD to inform potential class members of the Jacobson lawsuit if the CWD does not maintain separate records of persons who were sanctioned under the provisions of GAIN.
- o. "TEMP GAIN 81" (Claim Form) means the document used by potentially eligible persons to file a claim for corrective payments and/or supportive services resulting from the Jacobson lawsuit.

### .3 Informing Class Members.

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### .31 CDSS responsibilities. CDSS shall:

- .311 Provide an 800 telephone number on the TEMP GAIN 78, 79, 80 and 81 for potential class members to call to obtain additional information about the Jacobson v. Anderson lawsuit.

- .312 Include the TEMP GAIN 78 with the Medi-Cal cards to be issued the month of July 1993 to current AFDC and MNO Medi-Cal recipients in responsible CWDs.
- (a) The TEMP GAIN 78 shall be printed in English on one side with bullets in the five standard languages on the other.
    - (1) The English version shall contain a brief statement to inform potential class members of possible corrective payments and/or supportive services and/or eligibility to re-enroll in their approvable SIP as specified in the Jacobson lawsuit.
    - (2) The bullets shall state essentially: "If you enrolled in an education or training program on your own and GAIN wouldn't approve that program because it would take more than two years to finish or your program was approved but it could not be finished in two years, GAIN may owe you money. Call your GAIN worker or 1-800-952-5253 to get more facts."
- .313 Print TEMP GAIN 79 and 80 in English and Spanish with bullets in the four standard Asian languages.
- (a) The English version shall contain a brief statement informing potential class members that GAIN may owe them money and they may be eligible for supportive services from GAIN and/or be eligible to re-enroll in their approvable SIP as specified in the Jacobson lawsuit.
  - (b) The bullets shall state essentially: "If you enrolled in an education or training program on your own, and GAIN wouldn't approve that program because it would take more than two years to finish or your program was approved but it could not be finished in two years, GAIN may owe you money. Call your GAIN worker or 1-800-952-5253 to get more facts."
- .314 Provide CWDs with a:
- (a) Reproducible copy of the TEMP GAIN 81 in English and the five standard languages.
  - (b) Reproducible copy of NOAs in English and the five standard languages.
  - (c) Supply of TEMP GAIN 79.
- .315 Mail copies of TEMP GAIN 79 to legal aid and welfare rights organizations of plaintiffs' choice.

- (a) Plaintiffs' counsel shall provide CDSS with the mailing labels not to exceed 600.

- .316 Provide public service announcements to the media two weeks before the beginning of the claim period and two weeks before the end of the claim period.

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- .32 Responsible CWDs.

Alpine, Butte, Contra Costa, El Dorado, Fresno, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Mariposa, Merced, Modoc, Mono, Monterey, Nevada, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Tulare and Tuolumne.

- .33 CWD responsibilities. CWDs shall:

- .331 Mail TEMP GAIN 80 by July 1, 1993 to all persons sanctioned during the retroactive period if the CWD does not possess separate records of class members who were sanctioned by GAIN.
  - (a) If a CWD does not possess separate records of persons sanctioned, CDSS shall mail a TEMP GAIN 78 to all persons currently receiving AFDC in the county.
  - (b) If a CWD does possess separate records of persons sanctioned by GAIN during the retroactive period, the CWD shall review case files as specified in Section 50-023.5.
- .332 Place TEMP GAIN 79 in conspicuous locations in all welfare offices and GAIN offices before July 1, 1993.
  - (a) The TEMP GAIN 79 shall be displayed until close of business September 28, 1993.
- .333 Provide TEMP GAIN 79 no later than June 21, 1993 to community colleges, four year colleges and universities, both public and private, requesting that they display the TEMP GAIN 79 in conspicuous locations on each campus.

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- (a) It is recognized and agreed that CDSS and/or CWDs cannot require educational institutions to display the TEMP GAIN 79.

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- .334 Reproduce an adequate supply of the TEMP GAIN 81 in English and the five standard languages.

.335 Give or mail a TEMP GAIN 81 to anyone upon request.

.4 Application for Corrective Payment.

.41 Class members' responsibilities. Class members shall:

- .411 Complete and sign under the penalty of perjury a TEMP GAIN 81.
- .412 Provide necessary additional information, documentation or clarification upon request from a CWD.
- .413 Submit a completed TEMP GAIN 81 to the responsible CWD.
  - (a) Class members shall submit a TEMP GAIN 81 to each responsible CWD if there was more than one CWD in which the class member was affected by the Jacobson v. Anderson lawsuit.
  - (b) Class members may submit the TEMP GAIN 81 to the current county of residence but must list the responsible CWD on the TEMP GAIN 81.
- .414 Submit the TEMP GAIN 81 on or before the end of claim period.
  - (a) If mailed, postmark must be no later than September 28, 1993.
  - (b) Persons shall be permitted to resubmit a previously denied claim during the claim period.

.42 CWDs' responsibilities. CWDs shall:

- .421 Stamp the TEMP GAIN 81 with the date received and retain envelopes postmarked after September 28, 1993.
- .422 If the date cannot be determined by either the postmark or date stamp, use the date the class member signed the TEMP GAIN 81 shall be used to determine when the claim was received.
- .423 Issue NOA M50-023D denying claim within 60 days if the TEMP GAIN 81 is postmarked after claim period.
- .424 Maintain all documents relevant to the Jacobson lawsuit for three years or as directed by CDSS.
  - (a) Documents included are those used to determine eligibility for the class (including denials) and those used to determine the amount of corrective payments.

- (b) Documents which are relevant also include case records, payment records, assistance claims, reimbursement claims, claim verification and any other documents related to this lawsuit.

.425 Determine the responsible CWD. CWDs shall:

- (a) Process the TEMP GAIN 81 within 60 days after receiving the claim when the receiving CWD is the responsible CWD.
- (b) Issue NOA M50-023D denying the claim and forward the TEMP GAIN 81 as soon as possible, but no later than 30 days from date received, if the CWD receiving the TEMP GAIN 81 determines that it is not the responsible CWD.
  - (1) The receiving CWD shall inform the class member in NOA M50-023D that the TEMP GAIN 81 has been forwarded to the responsible CWD for processing.
  - (2) The responsible CWD shall process the claim within 60 days from the date a completed TEMP GAIN 81 is received.
- (c) If the responsible CWD cannot be determined, the receiving CWD shall issue NOA M50-023D denying the claim.

## .5 Case File Review.

- .51 Responsible CWDs that possess separate records of GAIN-related sanctions shall review case files to identify only class members "1" and "2."
  - .511 CWDs shall begin and complete the review of the case files within the 90-day claim period.
  - .512 To the extent possible, CWDs shall complete review without requiring class members to come in person to the CWD.
- .52 If class members are no longer on cash aid, CWDs shall:
  - .521 Correct payments for cash aid for Jacobson-related sanctions.
  - .522 Correct the case file to remove all Jacobson-related sanctions so that they cannot be counted in any future sanction actions.
    - (a) Subsequent sanctions received between May 9, 1987 and June 30, 1989 are subject to the sanction criteria as specified in Section 50-023.93.

- (b) Subsequent sanctions received after July 1, 1989 are subject to the sanction criteria specified in Section 50-023.94.
- .523 Re-evaluate the subsequent sanction without reference to the Jacobson-related sanction if a subsequent GAIN sanction was received.
- (a) If the re-evaluation of the subsequent sanction results in a corrective payment, the CWD shall recalculate the cash aid to determine the payment.
- .524 Compare the correct grant to the amount actually paid to the assistance unit for each month when calculating the cash aid payment for each month in question. If as a result of a Jacobson-related sanction, the amount paid to the assistance unit in any month was less than the correct grant for that month, a payment is owed.
- (a) For class members who are no longer on aid, calculate the interest as specified in Section 50-023.752.
  - (b) GAIN and AFDC shall work together to resolve any issues in determining the corrective payment for cash aid.
- .525 Recalculate the corrective payment for cash aid and issue NOA M50-023A if the information is sufficient.
- (a) Class member "1" who is no longer on cash aid shall be eligible for retroactive supportive services benefits.
    - (1) Corrective supportive services payments shall be as specified in Sections 50-023.632(a) through .632(a)(4).
  - (b) If the information in the case file is sufficient to calculate the corrective supportive services payments, complete the computation and issue NOA M50-023B with NOA M50-023A.
  - (c) If the information is not sufficient to complete the calculation for retroactive supportive services benefits, request the information as specified in Section 50-023.65.

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#### .526 Examples of Subsequent Sanctions

##### EXAMPLE 1:

GAIN would not approve Suzi's SIP solely because it could not be completed within two years. Suzi chose not to

terminate her SIP and would not participate in GAIN because the activity would interfere with Suzi attending her SIP. Suzi was determined to not have good cause for her failure to participate in GAIN and a first instance sanction was imposed. As a result of the Jacobson lawsuit, the sanction is overturned and the CWD must issue a corrective payment for cash aid.

In the meantime, Suzi cures the sanction by agreeing to participate in GAIN even though she continued in her SIP. She was scheduled to attend job club. She didn't go. It was determined that she did not have good cause for not going. A second sanction was imposed.

If Suzi tried to cure the second sanction right away, she is eligible for a corrective payment for the second sanction. However, if Suzi didn't try to cure the second sanction right away, she is not eligible for a corrective payment for the second sanction.

#### EXAMPLE 2:

GAIN would not approve Bob's SIP solely because it could not be completed within two years. Bob chose not to terminate his SIP and would not participate in GAIN because the activity would interfere with Bob attending his SIP. He was determined to not have good cause for his failure to participate in GAIN and a first instance sanction was imposed. Five months goes by. Bob cures his sanction by agreeing to participate in GAIN. Bob participates in GAIN for three months. After three months, Bob stops participating to resume his SIP. Bob was determined to not have good cause. A second instance sanction was imposed. After five months, Bob cures his sanction by agreeing to participate in GAIN. After one month, Bob stops participating in GAIN to resume his SIP. It was determined again that Bob did not have good cause. A third instance sanction was imposed. As a result of the Jacobson lawsuit, all three sanctions are overturned and the CWD must issue a corrective payment for the three sanctions.

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.53 If class members "1" and "2" are receiving cash aid:

.531 CWDs shall complete NOA M50-023A as specified in Sections 50-023.52 through .526 and issue with NOA M50-023E requesting the information needed to determine retroactive or prospective supportive services. Allow class members to re-enroll in their approvable SIPs in lieu of attending any other GAIN activities.

(a) Class members shall have 30 days from the date on the NOA or until the end of the claim period, whichever is longer, to respond to the request for information.

- (b) If the additional information is not received within the time period, issue NOA M50-023D.
- .532 CWDs shall Complete reviewing the case file within 60 days after receiving the additional information.
- .533 Class member "1" chooses:
- (a) Retroactive supportive services and does not want to re-enroll in his/her approvable SIP. The CWD shall complete the computation for supportive services and issue NOA M50-023B with NOA M50-023A.
- or
- (b) Retroactive supportive services and wants to re-enroll in his/her approvable SIP. The CWD shall complete the computation for supportive services and issue NOA M50-023C with NOAs M50-023A and M50-023B.
- (1) The class member shall not be eligible for prospective supportive services benefits while attending his/her SIP.
- or
- (c) Prospective supportive services and wants to re-enroll in his/her approvable SIP. The CWD shall complete NOA M50-023C.
- (1) Retroactive supportive services benefits shall meet the criteria as specified in Sections 50-023.632(a) through .632(a)(4).
  - (2) Prospective supportive services benefits shall meet the criteria as specified in Sections 50-023.632(b) through .632(b)(4)a).
- .534 If class member "2" chooses to re-enroll in his/her former approvable SIP, CWDs shall complete and issue NOA M50-023C.
- (a) Class member shall not be eligible for retroactive or prospective supportive services benefits.
- .535 If a prior SIP is unavailable or inaccessible for any reason that is not the fault of class member, CWDs shall allow class members to enroll in a similar approvable SIP.
- .536 CWDs shall cancel class members' previous contracts under the current MPP 42-772.1, .2 or .3 and enter into new contracts as specified in Section 50-023.91.



- (a) Class members shall re-enroll in their SIPs within one year of when CWDs completed reviewing their case file and notified class members of their eligibility to re-enroll.

.537 The "good cause" for nonparticipation in GAIN shall be that the work activity would interrupt the approved education or job training program.

.538 CWDs shall complete the review process and issue NOA M50-023C if information is sufficient. CWDs shall attach appropriate NOAs and/or contract agreement.

- (a) If information is not sufficient, CWDs shall request the information needed as specified in Section 50-023.65.

.6 Process Claim Forms. The responsible CWDs shall:

.61 Review each TEMP GAIN 81 for completeness. The TEMP GAIN 81 shall be considered complete when the following questions are answered.

.611 Qualifying class member questions:

- (a) Were you in the GAIN Program?
- (b) Did GAIN deny an education or training program you enrolled in only because you couldn't finish the program in two years?
- (c) Was your education or training program approved but you did not finish it in two years?
- (d) Was your cash aid lowered because you kept going to your education or training program instead of going to GAIN?
- (e) Did you stop going to your education or training program in order to go to GAIN to keep from having your cash aid lowered?
- (f) Did you volunteer for GAIN on or before October 1990?
- (g) Are you on cash aid now?

.612 Class member's case name(s) used during retroactive period.

.613 Class member's date of birth.

.614 Class member's social security number.

.615 CWD or CWDs of residence during retroactive period.

.616 Class member's signature.

- .617 The following information shall be provided on the TEMP GAIN 81 to the extent possible:
- (a) The case number.
  - (b) Current address.
  - (c) Phone number.
  - (d) Date(s) for which the claim is being filed.
  - (e) The name of the school or educational program.
  - (f) The boxes checked to indicate whether retroactive or prospective supportive services are being claimed and if the class member wants to re-enroll in his/her SIP.
- .62 To the extent possible, process the TEMP GAIN 81 without requiring class members to come in person to the CWD.
- .63 Complete processing the claim within 60 days if the claimant meets the definition of:
- .631 Class members "1" or "2".
- (a) Process TEMP GAIN 81 for class members who are not on cash aid as specified in Sections 50-023.52 through .526.
  - (b) Process TEMP GAIN 81 for class members who are on cash aid as specified in Sections 50-023.533 through .538(a).
- .632 Class members "3" or "5". Choice of prospective or retroactive supportive services shall be the choice of the class member.
- If class members choose:
- (a) Retroactive supportive services. Retroactive benefits shall be paid from the date the SIP was denied up to two years that class members continued to participate in their approvable SIPs.
    - (1) CWDs shall use the criteria specified in Section 50-023.92 to determine retroactive supportive services.
    - (2) Documentation shall be provided by the class members to indicate that they were enrolled in or attending approvable SIPs during the time for which they are claiming retroactive supportive services expenses. Documentation shall also be provided for proof of supportive services expenses.

- a) CWDs shall verify the documentation whenever authenticity is in doubt.
- (3) Self-certification under penalty of perjury is not acceptable documentation for proof of enrollment unless the education or training provider no longer exists and there are no other records available.
  - (A) If there is a record of receipt of cash aid during the time for which supportive services are being claimed but the responsible CWD is unable to locate the GAIN case file or other documents, the class member may self-certify under penalty of perjury the supportive services expenses unless the CWD has evidence to the contrary.
- (4) If the information on the TEMP GAIN 81 is sufficient to complete processing claim for retroactive supportive services, complete computation and issue NOA M50-023B.
- (b) Prospective supportive services. Prospective benefits shall be for up to two years, as long as class members participate in their approvable SIPs as specified in Section 50-023.91.
 

Class members still on aid shall be allowed to:

  - (1) Re-enroll in approvable former SIP in lieu of attending any other GAIN activity as specified in Section 50-023.91.
    - (A) "Good cause" for nonparticipation shall be as specified in Section 50-023.537.
    - (B) Prospective supportive services shall be determined in accordance with the criteria specified in Section 50-023.92.
  - (2) Enroll in a similar SIP as specified in Section 50-023.535.
  - (3) Cancel previous contract and enter into new contract as specified in Section 50-023.536.
    - (A) Re-enroll in a SIP as specified in Section 50-023.536(a).
- (c) Complete review and issue NOA M50-023C if the information is sufficient.
  - (1) CWDs shall use the M42-750 NOA series to inform class members of their approved supportive

services. NOAs are to be issued with NOA M50-023C. The contract may also be issued with the NOAs.

- .633 Class member "4" still on aid shall be allowed to re-enroll in approvable SIP in lieu of attending any other GAIN activity.
  - (a) If a prior SIP is unavailable, the class member shall enroll in a SIP as specified in Section 50-023.535.
  - (b) Cancel previous contract and enter into new contract as specified in Section 50-023.536.
    - (1) Class member "4" still on aid shall re-enroll in a SIP as specified in Section 50-023.536(a).
  - (c) "Good cause" for nonparticipation shall be as specified in Section 50-023.537.
  - (d) CWDs shall Issue NOA M50-023C if the information is sufficient in the case file and on TEMP GAIN 81.
    - (1) Class member shall not be eligible for retroactive or prospective supportive services benefits.
- .64 If a person is NOT a class member:
  - .641 Issue NOA M50-023D denying the claim within 60 days after receiving the TEMP GAIN 81. Preprint or attach GAIN 50.
- .65 If additional information is needed to complete processing claim:
  - .651 Within 30 days after receiving the TEMP GAIN 81:
    - (a) Issue NOA 50-023E for CWDs reviewing case files.
    - (b) Issue NOA 50-023F for CWDs processing TEMP GAIN 81.
  - .652 Class member shall have 30 days from the date on the NOA or until the end of claim period, whichever is longer, to respond to the request for additional information. If a response is not received within the time period specified, NOA M50-023D shall be issued denying claim.
  - .653 CWDs shall Request documentation if the document is necessary to process and/or support the claim or review of case file and the CWD believes the document is in the class member's possession.
    - (a) If a class member does not have the documentation, request that he/she sign ABCDM 228, or the CWD equivalent form, to allow the CWD to obtain documentation on his/her behalf.

- (b) If a class member is unable to provide the requested documentation, a declaration signed under penalty of perjury affirming the information may be accepted in lieu of the documentation unless the CWD has evidence to the contrary.

- (1) The CWD shall verify the documentation whenever authenticity is in doubt.

.654 CWDs shall complete processing the claim or reviewing the case file within 60 days after receiving the additional information.

- (a) If the additional information does not establish the person as a class member, CWDs shall issue NOA M50-023D denying the claim.

.66 Process the first claim and deny any subsequent claims related to this lawsuit or any other court order or settlement if more than one claim is filed for the same action.

.7 Computation of Corrective Payments. CWDs shall:

- .71 For the purpose of determining continued eligibility and the amount of assistance for the AFDC Program, not consider a corrective payment as income nor as a resource in the month paid nor in the following month.
- .72 For the purpose of determining continued eligibility for the Food Stamp Program, exclude a retroactive corrective payment as income for all Food Stamp households and exclude as a resource for categorically eligible Food Stamp households as long as they remain eligible for AFDC.
- .73 If an assistance unit has both a payment and an overpayment, balance one against the other before making a corrective payment as specified in MPP 42-751.4 for GAIN and MPP 44-340.42 for AFDC.
  - .731 For class members who are no longer on aid, the CWD shall offset the corrective payment against any outstanding overpayment as specified in MPP 42-751.4 and MPP 44-340.42.
- .74 Ensure that a corrective payment for the Jacobson lawsuit is not considered a part of the AFDC grant calculations even when reported on the monthly reporting document.
- .75 Pay interest to those class members who are no longer on aid for corrective payments for cash aid and retroactive supportive services.
  - .751 Interest shall be computed at the rate of seven (7) percent per year on the principal amount.
  - .752 Multiply the total corrective payment by the appropriate interest factor set forth in Section 50-023.753.

- (a) To determine the appropriate interest percentage factor, a CWD first determines the first month the class member was sanctioned or was denied supportive service (Retroactive Benefit Month) and the month the class member will be paid the corrective payment (Retroactive Payment Month). Where the two dates meet on the "Interest Chart for Jacobson Retroactive Benefit Payments" shall be the percentage factor to be used to determine how much interest is to be paid.

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- (b) EXAMPLE:

A CWD determines that a class member who is no longer on aid was sanctioned between September 1, 1987 and November 30, 1987 at \$100.00 per month because the class member would not quit her SIP to participate in GAIN. Total cash aid withheld was \$300.00.

She also requested to be paid for the supportive services she paid while attending her training program. From October 1, 1987 through December 31, 1987, she paid \$100 per month for child care; \$200.00 per month from February 1, 1988 through April 30, 1988; and \$100.00 from September 1, 1988 through December 31, 1988. The total child care paid was \$1,300.00.

On July 1993, the CWD computes the back payment with interest for cash aid. At the same time, the CWD computes the corrective payment for retroactive supportive services with interest.

For Cash Aid Corrective Payments

Retroactive Benefit Month--September 1987  
 -- = (Interest Factor)  
 Retroactive Payment Month--July 1993

-- Total Cash Aid Corrective	
Payment Paid July 1993	\$ 300.00
-- Interest Percentage Factor	X .4083
-- Interest Paid July 1993	\$ 122.49
-- Total Cash Aid Corrective	
Payment Including	
Interest	\$ <u>422.49</u>

For Retroactive Supportive Services Corrective Payment  
 Retroactive Benefit Month--October 1987  
 -- = (Interest Factor)  
 Retroactive Payment Month--July 1993  
 -- Total Supportive Services  
     Corrective Payment  
     Paid July 1993 \$1,300.00  
 -- Interest Percentage Factor X .4025  
 -- Interest Paid July 1993 \$ 523.25  
 -- Total Supportive Services  
     Corrective Payment  
     Including Interest \$1,823.25

.753 Interest Chart for Jacobson Corrective Payments (Cash Aid and Supportive Services).

Retro- active Benefit Month	Retroactive Payment Month				
	Jul-93	Aug-93	Sep-93	Oct-93	Nov-93
May-87	.4317	.4375	.4433	.4492	.4550
Jun-87	.4258	.4317	.4375	.4433	.4492
Jul-87	.4200	.4258	.4317	.4375	.4433
Aug-87	.4142	.4200	.4258	.4317	.4375
Sep-87	.4083	.4142	.4200	.4258	.4317
Oct-87	.4025	.4083	.4142	.4200	.4258
Nov-87	.3967	.4025	.4083	.4142	.4200
Dec-87	.3908	.3967	.4025	.4083	.4142
Jan-88	.3850	.3908	.3967	.4025	.4083
Feb-88	.3792	.3850	.3908	.3967	.4025
Mar-88	.3733	.3792	.3850	.3908	.3967
Apr-88	.3675	.3733	.3792	.3850	.3908
May-88	.3617	.3675	.3733	.3792	.3850
Jun-88	.3558	.3617	.3675	.3733	.3792
Jul-88	.3500	.3558	.3617	.3675	.3733
Aug-88	.3442	.3500	.3558	.3617	.3675

Sep-88	.3383	.3442	.3500	.3558	.3617
Oct-88	.3325	.3383	.3442	.3500	.3558
Nov-88	.3266	.3325	.3383	.3442	.3500
Dec-88	.3208	.3266	.3325	.3383	.3442
Jan-89	.3150	.3208	.3266	.3325	.3383
Feb-89	.3092	.3150	.3208	.3266	.3325
Mar-89	.3030	.3092	.3150	.3208	.3266
Apr-89	.2975	.3030	.3092	.3150	.3208
May-89	.2917	.2975	.3030	.3092	.3150
Jun-89	.2858	.2917	.2975	.3030	.3092
Jul-89	.2800	.2858	.2917	.2975	.3030
Aug-89	.2742	.2800	.2858	.2917	.2975
Sep-89	.2683	.2742	.2800	.2858	.2917
Oct-89	.2625	.2683	.2742	.2800	.2858
Nov-89	.2566	.2625	.2683	.2742	.2800
Dec-89	.2508	.2566	.2625	.2683	.2742
Jan-90	.2450	.2508	.2566	.2625	.2683
Feb-90	.2392	.2450	.2508	.2566	.2625
Mar-90	.2333	.2392	.2450	.2508	.2566
Apr-90	.2275	.2333	.2392	.2450	.2508
May-90	.2217	.2275	.2333	.2392	.2450
Jun-90	.2158	.2217	.2275	.2333	.2392
Jul-90	.2100	.2158	.2217	.2275	.2333
Aug-90	.2042	.2100	.2158	.2217	.2275
Sep-90	.1983	.2042	.2100	.2158	.2217

HANDBOOK ENDS HERE



.8 Statistical Reports.

.81 Preliminary Compliance Report.

.811 For those CWDs that possess separate records for persons sanctioned, provide a letter to CDSS no later than August 16, 1993 reporting the total number of TEMP GAIN 80s mailed to class members "1" and "2" and the number of TEMP GAIN 81s issued upon request within the first 30 days of the claim period.

.82 Statistical Report.

.821 CWDs shall submit the GEN 1172 (5/93) no later than January 31, 1994 to the Statistical Services Bureau.

.822 The report shall include:

(a) The total number of:

- (1) TEMP GAIN 80s (Informing Notice) mailed to potential class members. If a CWD does not possess separate records of persons sanctioned under the provisions of GAIN, it shall mail the TEMP GAIN 80 to all persons sanctioned within that CWD.
- (2) Class members identified by CWD through case file search. If a CWD does possess separate records of persons sanctioned under the provisions of GAIN, the CWD shall search its case files to identify those individuals who meet the criteria of class members "1" and "2" as specified in .2,d.
- (3) TEMP GAIN 81s (Claim Forms) mailed or given out by CWD.
- (4) TEMP GAIN 81s received by CWD.
- (5) Claims approved.
- (6) Claims denied:
  - (A) Untimely. Claim form received after claim period. Additional information requested but received after the time period specified on the notice.
  - (B) Not a class member.
  - (C) Claim sent to wrong CWD. CWD could not determine from the information on the TEMP GAIN 81 the responsible CWD to forward the claim.

(D) Claim sent to wrong CWD and CWD forwarded to responsible CWD.

(E) Incomplete. Claim mailed in blank; signed but could not read writing, no address or social security number; social security number does not match name in case file and there is no forwarding address to obtain the additional information needed; additional information requested but not received.

(F) Other.

(b) Total amount of retroactive cash aid paid to all class members.

(c) Total amount of retroactive supportive services paid to all class members.

(d) Total number of overpayments offset with retroactive cash aid in both case file search and claims processing.

(1) Total dollar amount of overpayments offset.

(e) Total number of supportive services overpayments offset with retroactive supportive services or cash aid in both case file search and claims processing.

(1) Total dollar amount of overpayments offset.

(f) Total number of cases no longer on aid in both case file search and claims processing.

(1) Total amount of interest paid on retroactive cash aid benefits.

(2) Total dollar amount of interest paid on retroactive supportive services benefits.

(g) Total number of class members who selected prospective supportive services.

(h) Total number of class members who elected to re-enroll in their SIP.

.9 CWDs shall follow the regulations below which were in effect prior to October 1, 1990 and are included as handbook.

- .91 GAIN Basic Participant Contract Requirements as specified in MPP 42-772.4 in effect 7/1/89.

#### HANDBOOK BEGINS HERE

#### 42-772 GAIN BASIC PARTICIPANT CONTRACT REQUIREMENTS

Based on the information obtained according to Section 42-761, the CWD shall determine the requirements of the basic contract.

- .1 For any participant who has not been employed within two years prior to GAIN registration, and who does not meet the conditions of .3 below, the basic contract shall provide that the individual participate in job club (Section 42-730.21, for a three-week period.
  - .11 Participation in job club shall be delayed for individuals who meet the conditions in .4 or .5 below, except as specified in .43, .52, and .53 below.
- .2 For any participant who has been employed within two years prior to GAIN registration, but who does not meet the conditions of .3 below, the basic contract shall provide that the individual has an option to participate for a three-week period in either job club (Section 42-730.21) or supervised job search (Section 42-730.22).
  - .21 The job search period may be shortened when it is determined that all reasonable job search efforts have been exhausted.
    - .211 This determination shall be subject to supervisory approval.
    - .212 This determination shall include consideration of factors such as job opportunities in the labor market and the individual's recent job search efforts. The CWD shall be permitted to verify the recent job search efforts.
  - .22 Participation in the chosen option shall be delayed for individuals who meet the conditions in .4 or .5 below, except as specified in .43, .52, and .53 below.
- .3 For any participant whose AFDC benefits have been discontinued two or more times within three years prior to GAIN registration due to his/her employment, the basic contract shall provide for an immediate referral to an assessment as specified in Section 42-773.
  - .31 Referral to an assessment shall be delayed for individuals who meet the conditions in .4 or .5 below, except as specified in .43, .52, and .53 below.
- .4 For any participant who is enrolled and wishes to continue in a self-initiated vocational training program of limited

42-772 GAIN BASIC PARTICIPANT CONTRACT REQUIREMENTS  
(continued)

duration or an educational program which is expected to lead to unsubsidized employment, the basic contract shall provide for continued participation in the program until completion.

- .41 Participation as a GAIN participant, however, shall be limited to a total of two academic years.
- .42 Vocational and educational programs which are expected to lead to unsubsidized employment shall be those which will provide the participation with the training or education required to obtain employment in an occupational field which is either:
  - .421 One that has been identified in the county's labor market needs assessment; or
  - .422 One for which the participant can demonstrate a need exists.
- .43 An individual may choose to participate concurrently according to .11, .22,, or .31 above, whichever is appropriate.
- .44 The basic contract shall provide that if concurrently participation has not occurred as specified in .43 above, the participant shall participate according to .1, .2, or .3 above, whichever is applicable, when the participant completes the program or reaches the two-year limit, or when any of the following occur:
  - .441 The participant stops participating in the educational or training program.
  - .442 The participant fails or refuses to regularly attend the educational or training program.
  - .443 The participant does not maintain satisfactory progress in the educational or training program.
- .45 If the CWD determines that the participant had good cause for failing to meet the participation, attendance, or progress standards, based on the criteria specified in Section 42-782, and the school allows the participant to continue in the program, participation according to .44 above shall not be required.
- .46 The participant shall provide documentation from the training or educational provider to the county at least quarterly or at midpoint if the program is for less than three months to verify satisfactory participation, attendance, and progress in the program.

42-772 GAIN BASIC PARTICIPANT CONTRACT REQUIREMENTS  
(continued)

- .461 The county shall verify the documentation whenever authenticity is in doubt.
- .462 The county shall rely on the training or educational provider's normal standard of attendance or performance to determine if the participant meets the criteria of satisfactory participation, attendance, and progress.
- .463 If the participant refuses to furnish the required documentation, the CWD shall consider that he/she is not meeting the criteria. See MPP Section 40-157 if the participant is unable to furnish the required documentation.

HANDBOOK ENDS HERE

- .92 Supportive Services as specified in MPP 42-750 in effect 7/1/89.

HANDBOOK BEGINS HERE

42-750 SUPPORTIVE SERVICES

- .1 Supportive services shall be provided to GAIN registrants to enable them to participate in GAIN activities or to accept employment opportunities. As specified in Section 42-782.1(g) or 42-783.1(k), participation shall not be required if the needed services are not available, not arranged, or are insufficient to meet the participant's needs.
- .11 At a minimum, these services shall include child care referrals and payments, transportation costs, ancillary expenses, and personal counseling.
- .2 Child care services shall be available to every GAIN participant with a child under 12 years of age who has indicated the need in their basic or amended contract. CWDs are encouraged to contract with existing public and private child care programs to provide any or all of the services specified in this subdivision. Child care by family members shall be encouraged, but the choice between licensed or exempt child care arrangements shall be made by the participant.
- .21 Child care arrangements provided through GAIN shall meet the following standards:
  - .211 Standards required under Title 22, California Code of Regulations Division 12, Chapter 3 (commencing with Section 101251), unless exempt from licensure.

42-750

## SUPPORTIVE SERVICES (continued)

.212 If the CWD chooses to contract with any child care provider which is also under contract with the State Department of Education (SDE), these contracts shall be consistent with and shall not supersede all of the following:

- (a) Chapter 2 (commencing with Section 8200) of Part 6 of the Education Code.
- (b) Applicable provisions of Title 5 and Title 22 of the California Code of Regulations.
- (c) Applicable SDE contract provisions.

.213 If the CWD or a contractor pays for child care services which are exempt from licensure with the exception of extended day care on a school site operated by school employees, all of the following information about the care provider shall be on file with the CWD, or agency contracting with the CWD, and shall be made available to the participant.

- (a) The care provider's name, address, and social security number.
- (b) The address where care is to be provided.
- (c) The hours care is to be provided, and the charge for this care.
- (d) The names, addresses, and telephone numbers of two character references.
- (e) A copy of a valid California driver's license or other identification to establish that the care provider is at least 18 years of age.
- (f) A statement from the care provider as to his or her health; education, experience, or other qualifications; criminal record; and names and ages of other persons in the home or providing care.

.22 In order to provide maximum choice to parents and to ensure the availability of child care, each county shall do all of the following:

.221 Assist participants in locating child care necessary for participation in GAIN. In so doing, the CWD shall:

## 42-750 SUPPORTIVE SERVICES (continued)

- (a) Allow and promote parental choice by providing flexibility in child care arrangements and establishing payment arrangements consistent with Section .23 below.
  - (b) Provide payment for and assist in arranging for the continuity of child care.
  - (c) Provide payment for and assist in arranging for child care to participants whose program demands flexible hours of care, including evenings, weekends, and split shifts.
  - (d) To the extent possible, provide payment for and assist in arranging for transportation of children between school and care, if reasonable and necessary.
- .222 Coordinate with child care resource and referral agencies, school districts, and other local providers in the development of new child care resources where needed.
- .223 Include in the participant contracts referred to in Sections 42-771 through 42-774 the following information in relation to child care services provided in the GAIN program:
- (a) The name, birth date, and sex of each child for whom care is to be provided.
  - (b) The types of child care to be provided, including care in the child's home, family day care, or center-based care.
  - (c) The scheduled hours of care per week.
  - (d) The beginning and anticipated ending dates of care, based on the participant's training program.
  - (e) The name and address of the child care provider.
  - (f) The rate of pay for child care services.
  - (g) Provisions for payment during temporary absences of the child or provider. (See .235 below.)
- .224 An amendment to the participant contract shall not be required in instances where the only change relates to child care arrangements. However, the basic contract shall specify that the participant

## 42-750 SUPPORTIVE SERVICES (continued)

shall notify the CWD of any such changes. This information shall be included in the participant's case file.

## .23 Child Care Costs.

.231 GAIN funds may be used to pay for child care services arranged by the participant, providing those costs do not exceed regional market rates as specified in .233 below, and they meet the standards set forth in .21 above.

.232 Child care payments for GAIN participants shall be paid on a per month, per week, per day, or per hour basis depending on the participant needs, and the contractual terms used by the care providers to charge private clients for the same services.

.233 Participants shall be allowed to choose licensed or exempt child care, and the cost shall be reimbursed up to the regional market rate.

(a) Regional market rates shall be determined annually in accordance with the resource and referral programs provided for under Article 2 (commencing with Section 8210) of Chapter 2 of Part 6 of the Education Code, and the alternative payment program provided for under Article 3 (commencing with Section 8220) of Chapter 2 of Part 6 of the Education Code.

(b) The regional market rate means care costing no more than 1.5 standard deviations above the mean market cost of care for that region.

(1) The mean market cost for care in a region shall be determined based on a statistically valid survey of the rates established by child care providers for private clients.

(A) The regional market rate shall be updated every two years with recent survey data.

.234 Reimbursement to child care providers for GAIN participants shall not exceed the fee charged to private clients for the same service.



## 42-750 SUPPORTIVE SERVICES (continued)

Reimbursement shall be made at a rate lower than that charged to private clients for the same service, if the child care program agrees to charge a lower fee.

.235 GAIN funding will be available to pay for child care services when the child is temporarily absent from care, if it is agreed to pursuant to .223(g) above. Payment may be made for temporary absences only for the following verified reasons:

- (a) Illness or quarantine of the child;
- (b) Illness or quarantine of the parent;
- (c) Family emergency;
- (d) Court ordered visits with a parent or other relative of the child; or
- (e) Other reasons approved by the CWD.

.24 If a GAIN registrant terminates AFDC dependency due to unsubsidized employment, payment for child care services in accordance with Section .221 above shall be available for a transition period of three months.

- (a) This transition period commences immediately following the discontinuance of AFDC.

.25 The CWD shall ensure that there is a mechanism for collecting fees from participants receiving GAIN child care subsidies in accordance with the most recent version of the SDE Family Fee Schedule.

\*\*\*\*\*

No fee is charged if a participant's family income, including the AFDC grant, is less than 50 percent of the annually adjusted state median income.

\*\*\*\*\*

.251 The fees collected by the CWD, or agency contracting with the CWD, shall be used to expand child care services or resources.

.3 Reasonable transportation costs shall be paid for every participant to and from his or her GAIN assignment, including transportation to and from the child care provider, and transportation for children to and from child care.

## 42-750 SUPPORTIVE SERVICES (continued)

- .31 Regional market rates for transportation shall be determined as follows:
  - .311 The least costly form of public transportation that would not preclude participation in GAIN as specified in Section 42-783.1(b).
  - .312 If there is no public transportation available which meets the requirements of .311 above, participants may use their own vehicles, and shall be reimbursed at a rate used to reimburse CWD employees for the use of privately-owned vehicles.
  - .313 Parking for GAIN participants shall be reimbursed at actual cost. Participants must submit receipts for this purpose, except in cases where parking meters are used.
  - .314 Reimbursement to participants who choose to use their own vehicles when public transportation is available shall not exceed the rate specified in .311 above.
  - .315 The CWD shall submit as part of their county plan, an alternative for areas in which there is no public transportation available, and where a per-mile reimbursement rate would result in excessive costs.
- .4 Ancillary expenses shall be paid when necessary up to a maximum of \$450 per participant. These shall include books, tools, clothing, fees, and other necessary costs of work or training assignment.
  - .41 The maximum in .4 above may only be exceeded on an exception basis where the CWD determines that expenses in excess of the maximum are reasonable and necessary for participation.
- .5 A person who has personal or family problems that are jeopardizing the successful outcome of the employment plan entered into pursuant to Section 42-773 shall, to the extent available, receive necessary counseling or therapy to help him or her and his or her family adjust to his or her job training assignment.
  - .51 The CWD shall specify the method(s) that it will use to provide these services in its initial county plan and annual updates.
- .6 Payments for supportive services shall be advanced to the participant whenever necessary and desired by the

## 42-750 SUPPORTIVE SERVICES (continued)

participant, so that the participant need not use his or her funds to pay for these services.

\*\*\*\*\*

The CWD should minimize the need to make advance payments to participants by paying for services directly whenever necessary or desired. The CWD should seek recoupment of any unused portion of an advanced payment whenever possible.

\*\*\*\*\*

- .61 Payments for supportive services, including reimbursement to licensed child care providers, shall be governed by regional market rates.

HANDBOOK ENDS HERE

- .93 Sanction Criteria in effect 6/13/86.

- .931 As specified in MPP 42-785, GAIN Money Management. It is included here as handbook.

HANDBOOK BEGINS HERE

## 42-785 GAIN MONEY MANAGEMENT

- .1 Money management shall be applied when all three of the following conditions are met:
  - .11 The individual has failed or refused to meet GAIN program requirements for the first time without good cause; and
  - .12 Informal and formal conciliation efforts under Section 42-781 have failed; and
  - .13 The individual is not a volunteer participant in GAIN.
    - .131 If a volunteer participant engages in actions which result in money management for a mandatory participant, the individual shall be precluded from participating in the program for a six-month period.
- .2 The CWD shall either arrange for a substitute payee, develop a plan for vendor payments, or do both, for the money management period to ensure that none of the grant is paid directly to the participant's assistance unit.
  - .21 If the CWD chooses to make payments to a substitute payee, the CWD shall name the payee.

## 42-785 GAIN MONEY MANAGEMENT (continued)

- .211 If the CWD is unable to name a substitute payee, the CWD shall name the payee, the CWD shall allow the recipient to name someone or shall arrange for vendor payments. (See Section 44-309.13 for selection criteria.)
- .212 If an agency payee is used, the agency must ensure that no conflict of interest exists. (See Section 40-107.21.)
- .22 The CWD shall be allowed to contract with outside parties to perform the activities associated with money management.
- .3 Money management shall begin on the first of the month following the end of formal conciliation.
  - .31 Before beginning money management, the CWD shall provide at least a ten-day written notice of the intent to begin money management.
    - .311 If the CWD is unable to provide the ten-day notice before the first of the month following the end of formal conciliation, money management shall begin with the next payment installment. However, the entire calendar month following the end of formal conciliation shall be counted as the first of the three months of money management.
- .4 Money management shall occur for a three-month period, with the following exception:
  - .41 The money management period shall be terminated, and, if administratively feasible, the next aid payment installment following termination shall be paid to the participant, if any of the following occur:
    - .411 The participant and CWD reach an agreement regarding participation, including a determination that the participant should be exempt (Sections 42-631 through 42-641) or deferred (Section 42-761.3).
    - .412 The participant performs the activity he/she had previously failed or refused to perform.
- .5 If the participant fails to comply with program requirements by the end of the money management period, or violates an agreement to comply made during the management period, financial sanctions shall be imposed according to Section 42-786.

HANDBOOK ENDS HERE

- .932 As specified in MPP 42-786, GAIN Financial Sanctions in effect 6/13/86.

# HANDBOOK BEGINS HERE

## 42-786 FINANCIAL SANCTIONS

- .1 Financial sanctions shall be applied when a mandatory participant fails or refuses to meet program requirements without good cause, and any of the following occur:
  - .11 The participant fails to cooperate by the end of the money management period.
  - .12 The participant fails or refuses to meet program requirements without good cause for a second or subsequent time, and informal and formal conciliation efforts have failed.
  - .13 The participant violates the agreement to participate made during the money management period.
- .2 The first financial sanction period shall last for three months. Any additional sanction periods shall last for six months.
- .3 During the sanction period, aid shall be discontinued to the individual or assistance unit as specified below:
  - .31 If the individual who failed or refused to participate is:
    - .311 A caretaker relative, other than the principal earner, his/her aid shall be discontinued, and aid shall be continued to the remainder of the family (refer to .5 below and Section 44-310 for protective payments); or
    - .312 One of several eligible children in the assistance unit, aid shall be discontinued for that child and aid shall be continued to the remainder of the family; or
    - .313 The only eligible child in the assistance unit, aid shall be discontinued to the entire family; or
    - .314 The principal earner, aid shall be discontinued to all members of the family those sole basis of deprivation is the unemployment of that parent.
- .4 The discontinuance from aid shall become effective at the end of the month following the CWD's timely and adequate notification (see Section 22-022.1), except as specified in Sections 42-787.41 and .61 below:

## 42-786 FINANCIAL SANCTIONS (continued)

- .41 If the recipient appeals the sanction through the state hearing process within the period of timely notification, no sanction shall be imposed until the hearing decision is reached.
- .411 If the CWD's action is sustained, the discontinuance shall be effective at the end of the payment month in which the state hearing decision is received.
  - (a) If the CWD is unable to discontinue aid at the end of such month, aid shall be discontinued at the end of the following payment month.
- .5 The CWD shall arrange for a protective payee in the case of a sanctioned caretaker relative. (See exception in Section 44-310).
- .6 The CWD shall restore aid:
  - .61 Upon expiration of the sanction period if the individual applies for aid, registers with GAIN as required in Section 42-760, and is otherwise eligible; or
  - .62 If the sanction is rescinded as a result of the outcome of a state hearing or either of the formal grievance procedures (Section 42-787).
- .7 Financial sanctions shall not apply to individuals who voluntarily participate in the program.
  - .71 If a volunteer participant engages in conduct which would result in sanctions for a mandatory participant, the individual shall be precluded from participating in the program for a six-month period.

HANDBOOK ENDS HERE

- .94 Sanction Criteria as specified in MPP 42-786 in effect 11/29/89.

HANDBOOK BEGINS HERE

## 42-786 GAIN FINANCIAL SANCTIONS

- .1 Financial sanctions shall be applied when a mandatory participant fails or refuses to meet program requirements without good cause and informal and formal conciliation efforts have failed.
- .2 Financial sanctions shall be applied as follows:
  - .21 The first instance of noncompliance without good cause shall result in a financial sanction which shall

## 42-786 GAIN FINANCIAL SANCTIONS (continued)

continue until the individual and the CWD reach an agreement in an amended contract or the individual agrees to participate in the activity in which he/she previously refused to participate.

- .22 The second instance of noncompliance without good cause shall result in a financial sanction which shall continue for three (3) months or until the individual and the CWD reach an agreement or the individual agrees to participate in the activity in which he/she previously refused to participate, whichever is longer.
- .23 The third or subsequent instance of noncompliance without good cause shall result in a financial sanction which shall continue for six (6) months, or until the individual and the CWD reach an agreement or the individual agrees to participate in the activity in which he/she previously refused to participate, whichever is longer.
- .24 If a sanction period has continued for three (3) months, the CWD shall notify the individual in writing of his/her option to end the sanction by beginning (or resuming) participation. This notification is to be made no later than 10 working days prior to the end of the third month.
  - .241 If this is the third or subsequent sanction, the individual shall be notified as specified in Section 42-786.24 that the sanction can be ended only after completion of the six-month sanction period.
- .3 During the sanction period, aid shall be discontinued to the individual or assistance unit as specified below:
  - .31 If the individual who failed or refused to participate is:
    - .311 A caretaker relative, other than the principal earner, his/her aid shall be discontinued, and aid shall be continued to the remainder of the family (refer to Section 42-786.5 and Section 44-309 for protective payments); or
    - .312 One of several eligible children in the assistance unit, aid shall be discontinued for that child and aid shall be continued to the remainder of the family; or
    - .313 The only eligible child in the assistance unit, aid shall be discontinued to the entire family; or

## 42-786 GAIN FINANCIAL SANCTIONS (continued)

- .314 A parent in a family whose sole basis of deprivation is the unemployment of the principal earner, his/her aid shall be discontinued. In addition, if the sanctioned parent's spouse or the second parent is not participating in the program, aid to the spouse or second parent shall also be discontinued.
- (a) Aid shall be continued for any dependent children in the assistance unit in accordance with the provisions of Section 44-309.
  - (b) If the spouse or second parent is participating in the program, his/her aid shall be continued, together with aid for any dependent children in the assistance unit.
  - (c) If the spouse or second parent chooses to participate after the financial sanction has been imposed, his/her aid shall be restored in accordance with Section 40-125.9.
  - (d) If the spouse or second parent chooses to participate and subsequently ceases participation without good cause after reinstatement of the sanctioned parent, the spouse or second parent shall be subject to the sanctions specified in Sections 42-786.2 or 42-786.7, as appropriate.
- .4 The discontinuance from aid shall become effective at the end of the month following the CWD's timely and adequate notification (see Section 22-022.1), except as specified in Sections 42-786.41 and 42-787.61 below:
- .41 If the recipient appeals the sanction through the state hearing process within the period of timely notification, no sanction shall be imposed until the hearing decision is reached.
  - .411 If the CWD's action is sustained, the discontinuance shall be effective at the end of the payment month in which the state hearing decision is received.
    - (a) If the CWD is unable to discontinue aid at the end of such month, aid shall be discontinued at the end of the following payment month.
- .5 The CWD shall arrange for a protective payee in accordance with Section 44-309 as specified in Sections 42-786.311 and 42-786.314(a).



## 42-786 GAIN FINANCIAL SANCTIONS (continued)

- .6 The CWD shall restore aid:
  - .61 Upon expiration of the sanction period if the individual applies for aid and is otherwise eligible; or
  - .62 If the sanction is rescinded as a result of the outcome of a state hearing or either of the formal grievance procedures (Section 42-787).
- .7 Financial sanctions shall not apply to individuals who are exempt from participation but choose to voluntarily participate in the program.
  - .71 If a volunteer participant who is a member of a group listed under Section 42-720.671 engages in conduct which would result in sanctions for a mandatory participant, the individual shall not be given priority so long as other individuals are actively seeking to participate.
  - .72 If any other volunteer participant engages in conduct which would result in sanctions for a mandatory participant, the individual shall be precluded from participating in the program for a six-month period.

HANDBOOK ENDS HERE

JACOBSON V. ANDERSON  
RETROACTIVE RELIEF

NOTICE OF ACTION MESSAGES

These NOA messages are to be used specifically for this lawsuit. They are to be used to inform class members of the action(s) being taken by the county after reviewing a case file or processing a claim.

1. M50-023A (07/93)) Approve Retroactive Benefits Cash Aid  
(claim or case review)
2. M50-023B (07/93) Approve Retroactive Benefits Supportive  
Services (claim or case review)
3. M50-023C (07/93) Approve Prospective Benefits (claim or  
case review)
4. M50-023D (07/93) Deny Claim
5. M50-023E (07/93) Request for Information--Case Review
6. M50-023F (07/93) Request for Information--Claim Form

State of California  
Department of Social Services

Manual Msg. No.: 50-023A  
Action: Approve Retro Ben/  
Claim/Case Review  
Reason: Jacobson v. Anderson  
Title: Retro. Benefits  
Form No.: NA 801  
Effective Date: 07/01/93  
Revision Date:

Auto ID No.:  
Source: GAIN  
Regulation Cite.: 50-023

MESSAGE:

Because of the Jacobson v. Anderson lawsuit:

- ☐ As of \_\_\_\_\_, we approved your claim for back payment for cash aid of \$\_\_\_\_\_.
- ☐ As of \_\_\_\_\_, we reviewed your case. We owe you a back payment for cash aid of \$\_\_\_\_\_.

Here's why:

- ☐ GAIN did not approve your education or training program only because it would take more than two years to finish. You did not stop going to your program to go to GAIN so your cash aid was lowered.
- ☐ GAIN approved your education or training program even though it would take more than two years to finish. After two years, you did not stop going to your program to go to GAIN so your cash aid was lowered.

Your back payment for cash aid is figured on the next page.

- ☐ A check will be sent soon.
- ☐ A check is enclosed.
- ☐ Your back payment for cash aid was used to pay your overpayment in AFDC. IF THIS ACTION WILL CAUSE A PROBLEM WITH YOUR CHILD CARE, CALL YOUR GAIN WORKER. SEE ATTACHED NOTICE.
- ☐ You have an outstanding overpayment in GAIN ☐ transportation ☐ child care ☐ ancillary expenses (books, equipment, uniforms, tools). You may pay the GAIN overpayment with your cash aid back payment. SEE THE ATTACHED NOTICE.
- ☐ Other:

This check will NOT be counted as income if you are on cash aid.

If you are not on cash aid and you get Food Stamps, you will get another notice from Food Stamps.

## MONTHLY BACK CASH AID AMOUNT

Section A:	Your Countable Income In	Month/Year
Total Earned Income	\$	_____
Work Expense Disregard	-	_____
\$30 and 1/3 Disregard	-	_____
Dependent Care Disregard	-	_____
Other Countable Income (list sources)		_____
_____	+	_____
_____	+	_____
_____	+	_____
Court Ordered Support You Paid	-	_____
Net Countable Income	\$	_____

Section B:	Your Cash Aid In	Month/Year
Basic Needs _____ Persons	\$	_____
Special Needs	+	_____
Net Countable Income From Section A	-	_____
Basic Need Subtotal	\$	_____
Monthly Cash Aid Amount You		_____
Should Have Got	\$	_____
Monthly Cash Aid Amount You Got	-	_____
Back Payment This Month	\$	_____
Subtotal All Months	\$	_____
Interest Rate Multiplier (if it applies)	X	_____
Subtotal Back Payment	\$	_____
Overpayment Adjustment (see attached notice)	-	_____
Total Back Payment	\$	_____

## INSTRUCTIONS:

This message is to approve corrective underpayments for cash aid for class members "1" and "2."

Enter the determination date. Enter the amount of the underpayment. Check the appropriate box(es). Complete all other applicable information.

Check box if check is enclosed or will be sent soon.

Check box if the corrective underpayment is being used to balance an overpayment in cash aid.

Calculate the corrective underpayment(s). Repeat calculations as many times as necessary.

Under "Subtotal....," add all monthly totals to arrive at one number. If the class member is no longer on aid, multiply by interest rate in MPP 50-023.753. Subtract any overpayment(s) owed AFDC. Attach a copy of the overpayment notice. If there are no overpayments, enter zero.

Check appropriate box if money is enclosed or will be sent.

#### BALANCING OVERPAYMENT WITH CORRECTIVE UNDERPAYMENT:

If a CWD in determining a cash aid corrective underpayment knows there is an established overpayment in AFDC, the CWD shall balance the underpayment against the overpayment in accordance with MPP 44-340.42.

1. If after balancing the cash aid overpayment with the corrective underpayment, there is an underpayment balance, then the CWD shall attempt to obtain an agreement for offsetting the GAIN overpayment with the cash aid underpayment.
  - a. The class member must have been properly noticed regarding the established overpayment. The CWD shall use the TEMP GAIN 82 (7/93), Agreement to Balance GAIN Supportive Services Overpayment with AFDC Underpayment, to obtain the class member's agreement to balance the overpayment with the cash aid underpayment.
  - b. Attach a copy(ies) of the overpayment notice(s) issued for the outstanding overpayment(s) with the NOA 50-023A and TEMP GAIN 82.
2. Issue AFDC overpayment notice if the overpayment is not balanced with the underpayment.

State of California  
Department of Social Services

Annual Msg. No.: 50-023B  
Action: Approve Retro Supp  
Svcs Case Rev/Claim  
Reason: Jacobson v. Anderson  
Title: Retro. Benefits  
Form No.: NA 801  
Effective Date: 07/01/93  
Revision Date:

Auto ID No.:  
Source: GAIN  
Regulation Cite.: 50-023

MESSAGE:

Because of the Jacobson v. Anderson lawsuit:

- ☐ We reviewed your case file on \_\_\_\_\_. You told us on \_\_\_\_\_ you wanted back payment for the ☐ child care ☐ transportation ☐ ancillary expenses (books, equipment, fees, uniforms, tools) you did not get while you went to your education or training program. The back payment for these services is \$\_\_\_\_\_.
- ☐ As of \_\_\_\_\_, we approved your claim for back payment for ☐ child care ☐ transportation ☐ ancillary expenses (books, equipment, fees, uniforms, tools) you did not get while you went to your education or training program. The back payment for these services is \$\_\_\_\_\_.

Here's why:

- ☐ GAIN did not approve your education or training program only because it would take more than two years to finish. You did not stop going to your program to go to GAIN. GAIN did not pay for supportive services while you went to your program.
- ☐ GAIN did not approve your education or training program only because it would take more than two years to finish. You continued in your program while you participated in GAIN. GAIN did not pay for supportive services while you went to your program.
- ☐ You volunteered for GAIN. GAIN did not approve your education or training program only because it would take more than two years to finish. You did not stop going to your program. GAIN did not pay for supportive services while you went to your program.

Your back payment is figured on the next page.

☐ A check will be sent soon.

☐ A check is enclosed.

☐ Your back payment for child care was used to pay your outstanding overpayment in child care. IF THIS ACTION WILL CAUSE A PROBLEM WITH YOUR CHILD CARE, CALL YOUR GAIN WORKER. SEE ATTACHED NOTICE(S).

☐ Your back payment for ☐ transportation ☐ ancillary expenses was used to pay your overpayment in ☐ transportation ☐ ancillary expenses. IF THIS ACTION WILL STOP YOU FROM GOING TO GAIN, CALL YOUR GAIN WORKER. SEE ATTACHED NOTICE(S).

☐ Other:

This check will NOT be counted as income if you are on cash aid.

If you are not on cash aid and you get Food Stamps, you will get another notice from Food Stamps.

# MONTHLY BACK PAY FOR SUPPORTIVE SERVICES

## Child Care:

\_\_\_\_\_  
Month/Year

Child(ren) \_\_\_\_\_

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ [] hours [] days [] weeks [] month

= \$ \_\_\_\_\_ per \_\_\_\_\_

Provider(s) name(s) \_\_\_\_\_

Subtotal Child Care = \$ \_\_\_\_\_

Interest rate multiplier X \_\_\_\_\_  
(if it applies)

Amount We Owe You = \$ \_\_\_\_\_

Overpayment Adjustment \_\_\_\_\_  
(see separate page)

Total Child Care We Owe You = \$ \_\_\_\_\_

## Transportation:

\_\_\_\_\_  
Month/Year

[] Public Transportation

Rate

X \_\_\_\_\_ Per [] day [] week [] month

= \_\_\_\_\_

[] Your Car's Mileage

Rate

X \_\_\_\_\_ Miles

X \_\_\_\_\_ Per [] day [] week [] month

= \$ \_\_\_\_\_ Total

## Ancillary:

\_\_\_\_\_  
Month/Year

Item

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total

\$ \_\_\_\_\_

Subtotal Ancillary	=	\$ _____
Subtotal Transportation	+	_____
Total Subtotals	=	\$ _____
Interest rate multiplier (if it applies)	X	_____
Amount We Owe You	=	\$ _____
Overpayment Adjustment (see separate page)	-	_____
Total Transportation and Ancillary We Owe You	=	\$ _____

#### INSTRUCTIONS:

Use this message to approve corrective underpayments for retroactive supportive services for class members "1," "3" and "5."

Enter the determination date. Enter the amount of the underpayment. Check the appropriate box(es). Complete all other applicable information. Calculate the corrective underpayment(s). Repeat calculations as many times as necessary. Under "Subtotal..." add all monthly totals to arrive at one total for each separate type of supportive services. If the class member is no longer on aid, multiply by interest rate in MPP 50-023.753. Subtract any overpayment(s) owed. Attach a copy of the overpayment notice(s). If there are no overpayments, enter zero. Check appropriate box if money is enclosed or will be sent. Check appropriate box if money is being used to balance an overpayment.

#### BALANCING OVERPAYMENT WITH CORRECTIVE UNDERPAYMENT:

1. If a CWD in determining the supportive services corrective underpayment knows there is an established overpayment in GAIN supportive services, the CWD shall balance the supportive services underpayment(s) against the overpayment(s) in accordance with MPP 42-751.4.
  - a. The class member must have been properly noticed regarding the established overpayment.
  - b. Attach copy(ies) of the overpayment notice(s) issued for the established overpayments(s).
2. If after balancing the cash aid overpayment with the corrective underpayment there is an underpayment balance, the CWD shall attempt to obtain an agreement for offsetting the cash aid overpayment with the GAIN supportive services underpayment.
  - a. The CWD shall use the TEMP GAIN 83 (7/93), Agreement to Balance AFDC Overpayment with GAIN Supportive Services Underpayment, to obtain the class member's agreement.
3. Issue TEMP GAIN 58 (9/92) with NOA M50-023B if the overpayment is not balanced with the underpayment.



State of California  
Department of Social Services

Mail Msg. No.: 50-023C  
Action : Approve Prospective  
Claim/Case Review  
Reason: Jacobson v. Anderson  
Title: Retro. Benefits  
Form No.: NA 801  
Effective Date: 07/01/93  
Revision Date:

Auto ID No.:  
Source: GAIN  
Regulation Cite.: 50-023

MESSAGE:

Because of the Jacobson v. Anderson lawsuit:

As of \_\_\_\_\_, we approved your request to re-enroll in your  
[] education [] training program in place of going to your other GAIN  
activity.

Here's why: You are still on aid.

- [] GAIN did not approve your education or training program only because it would take more than two years to finish.
- [] GAIN approved your education or training program even though it would take more than two years to complete. After two years, you did not stop going to your program to go to GAIN so your cash aid was lowered.
- [] You volunteered for GAIN. GAIN did not approve your education or training program only because it would take more than two years to finish.
- [] You asked to get supportive services when you re-enroll in your program. You must re-enroll within one year after receiving this notice. Your supportive services are figured on the next page.
- [] You will not get supportive services when you re-enroll because you already got the two years of supportive services GAIN can give. You got supportive services from \_\_\_\_\_ to \_\_\_\_\_.
- [] Attached is your GAIN contract activity agreement. You must send or bring it to: \_\_\_\_\_ by \_\_\_\_\_. If you cannot come in, call us at \_\_\_\_\_.
- [] You must come in to see us at \_\_\_\_\_ by \_\_\_\_\_. If you cannot come in, call us at \_\_\_\_\_.

INSTRUCTIONS:

This message is to approve requests for the payment of prospective supportive services for class members "1," "3" and "5." Also use this message to approve re-enrollment for class members "1," "2," "3," "4" and "5."

Enter the determination date. Check the appropriate box(es). Complete all other applicable information.

Attach copy of TEMP GAIN 4 (GAIN Contract Activity Agreement) if appropriate.

Complete appropriate supportive services NOAs and issue with NOA M50-023C. Use the NOAs in the M42-750 series for approving supportive services: NOA M42-750B for child care, M42-750F for transportation and M42-750J for ancillary expenses. The instructions for completing these NOAs are in ACL 92-73.

State of California  
Department of Social Services

Manual Msg. No.: 50-023D  
Action: Deny Claim  
Reason: Jacobson v. Anderson  
Title: Retro. Benefits  
Form No.: NA 802  
Effective Date: 07/01/93  
Revision Date:

Auto ID No.:  
Source: GAIN  
Regulation Cite.: 50-023

MESSAGE:

On \_\_\_\_\_, we denied your claim you gave us on \_\_\_\_\_ because of the Jacobson v. Anderson lawsuit.

Here's why:

- ☐ Between May 9, 1987 and September 30, 1990:
  - ☐ You were not in GAIN in this County.
  - ☐ You were not enrolled in an approvable education or training program in this County.
  - ☐ You were not stopped from going to your education or training program by GAIN in this County.
  - ☐ Your education or training program was not disapproved because it could not be finished in two years. SEE ATTACHED NOTICE.
  - ☐ You never volunteered for GAIN in this County.
  - ☐ You were not denied cash aid for not going to GAIN in this County.
- ☐ Your claim was received after September 28, 1993, the final filing date.
- ☐ You did not give us the additional information/documents we asked for on \_\_\_\_\_. SEE ATTACHED NOTICE.
- ☐ This is the wrong County. You must send your claim to the right County by September 28, 1993.
- ☐ This is the wrong County. We sent your claim to \_\_\_\_\_ County. You will get another notice from them.
- ☐ Other:

INSTRUCTIONS:

Use this message to deny a claim for the Jacobson lawsuit. Enter the date the action was denied. Enter the date the TEMP GAIN 81 was received. Check all appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the action.

Attach copy of GAIN 50 (6/92) or preprint on back of NOA and all appropriate notices (e.g., denial notice for box six; for box nine, NOA M50-023E or NOA M50-023F).

State of California  
Department of Social Services

Manual Msg. No.: 50-023E  
Action: Request for Info.  
Case Review  
Reason: Jacobson v. Anderson  
Title: Retro. Benefits  
Form No.: NA 802  
Effective Date: 07/01/93  
Revision Date:

Auto ID No.:  
Source: GAIN  
Regulation Cite.: 50-023

MESSAGE:

GAIN may owe you money. GAIN is looking at your case because of the Jacobson v. Anderson lawsuit.

Here's why. Before October 1990:

- ☐ GAIN did not approve your education or training program only because it would take more than two years to finish. You did not stop going to your program to go to GAIN so your cash aid was lowered.
- ☐ GAIN approved your education or training program even though it would take more than two years to finish. After two years, you did not stop going to your program to go to GAIN so your cash aid was lowered.
- ☐ Before we can give you the back payment for cash aid you must give us your current address:

Street name/number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
ZIP \_\_\_\_\_. Telephone number \_\_\_\_-\_\_\_\_\_.

- ☐ To see if GAIN owes you money, we need you to answer the following questions the best you can:

YES NO

- ☐ ☐ Are you on aid now?
- ☐ ☐ Do you want to re-enroll in your same education or training program or a similar one?
- ☐ ☐ Do you want supportive services while you go to your education or training program? Supportive services are child care, transportation and ancillary expenses (tools, equipment, books, fees, uniforms).
- ☐ ☐ Do you want back pay for the supportive services GAIN did not pay while you went to your education or training program?

When you went to your education or training program:

YES NO

- ☐ ☐ Did GAIN give you two years of supportive services? If YES, what was the date(s): \_\_\_\_\_.  
What type of services: ☐ child care ☐ transportation ☐ ancillary expenses (tools, equipment, books, fees, uniforms).

- ☐ ☐ Did you pay for your own child care expenses? If YES, what was the cost per ☐day ☐week ☐month: \$\_\_\_\_\_.
- What was the total you spent: \$\_\_\_\_\_.
- Date(s): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- ☐ ☐ Did you pay for your own transportation expenses? If YES, ☐ public ☐ private car.
- Cost per ☐day ☐week ☐month \$\_\_\_\_\_.
- What was the total miles if you drove a car: miles \_\_\_\_\_ to; miles \_\_\_\_\_ from.
- How long did it take you to get to your program if you took public transportation? hrs \_\_\_\_\_ to; hrs \_\_\_\_\_ from.
- Date(s): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- ☐ ☐ Did you pay for your own ancillary expenses (tools, equipment, books, fees, uniforms) so you could go to your program?
- If YES, type of expenses: \_\_\_\_\_, \$\_\_\_\_\_; \_\_\_\_\_, \$\_\_\_\_\_;
- \_\_\_\_\_, \$\_\_\_\_\_.

ATTACH A COPY OF PROOF OF ENROLLMENT IN EDUCATION OR TRAINING PROGRAM; CHILD CARE; TRANSPORTATION; BOOKS, TOOLS, UNIFORMS, FEES, EQUIPMENT.

If you don't have these documents, contact your County or GAIN worker for help or to make a sworn statement.

Mail or bring this notice to: Office: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

by \_\_\_\_\_.

If we don't have it by this date, we will not be able to review your case and any future claim will be denied.

#### INSTRUCTIONS:

Use this message to obtain additional information when reviewing a case file for class members "1" and "2."

Check appropriate box(es). Provide office, address and date when the information must be returned to the CWD. The date the class member must return the notice shall be 30 days from the date of this notice or the end of the claim period, whichever is longer.

State of California  
Department of Social Services

Manu Msg. No.: 50-023F  
Action: Request for Info.  
Claim Form  
Reason: Jacobson v. Anderson  
Title: Retro. Benefits  
Form No.: NA 802  
Effective Date: 07/01/93  
Revision Date:

Auto ID No.:  
Source: GAIN  
Regulation Cite.: 50-023

MESSAGE:

We need more facts on your claim under the Jacobson v. Anderson lawsuit you gave us on \_\_\_\_\_.

Here's why:

- ☐ There is information missing on the attached claim form. Fill in the circled parts the best you can.
- ☐ Before we can finish processing your claim, we need the following questions answered the best you can.

When you went to your education or training program:

YES NO

- ☐ ☐ Did GAIN give you two years of supportive services? If YES, what was the date(s): \_\_\_\_\_.  
What type of services: ☐ child care ☐ transportation ☐ ancillary expenses (tools, equipment, books, fees, uniforms).

- ☐ ☐ Did you pay for your own child care expenses? If YES, what was the cost per ☐ day ☐ week ☐ month: \$ \_\_\_\_\_.
  - What was the total you spent: \$ \_\_\_\_\_.
  - Date(s): \_\_\_\_\_.

- ☐ ☐ Did you pay for your own transportation expenses? If YES, ☐ public ☐ private car.
  - Cost per ☐ day ☐ week ☐ month \$ \_\_\_\_\_.
  - What was the total miles if you drove a car: miles \_\_\_\_\_ to; miles \_\_\_\_\_ from.
  - How many hours did it take you to get to your program: hrs to \_\_\_\_\_; hrs from \_\_\_\_\_.
  - What was the total you spend: \$ \_\_\_\_\_.
  - Date(s): \_\_\_\_\_.

- ☐ ☐ Did you pay for your own ancillary expenses (tools, equipment, books, fees, uniforms) so you could go to your program?
  - If YES, type of expenses: \_\_\_\_\_, \$ \_\_\_\_\_; \_\_\_\_\_, \$ \_\_\_\_\_; \_\_\_\_\_, \$ \_\_\_\_\_; \_\_\_\_\_, \$ \_\_\_\_\_.

ATTACH A COPY OF PROOF OF ENROLLMENT IN EDUCATION OR TRAINING PROGRAM:  
CHILD CARE; TRANSPORTATION; BOOKS, TOOLS, UNIFORM, FEES, EQUIPMENT.

If you don't have these documents, contact your County or GAIN worker for help or to make a sworn statement.

Mail or bring this notice to: Office: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
by \_\_\_\_\_.

If we don't have it by this date, we will not be able to finish looking at your case and any future claim will be denied.

**INSTRUCTIONS:**

Use this message to obtain additional information from all class members in this lawsuit when the CWD is reviewing a TEMP GAIN 81. Enter date claim was received.

If first box is checked, attach copy of the TEMP GAIN 81 sent in by the claimant and circle the areas that need to be completed.

Check appropriate box(es). Provide the office, address and date of when the information must be returned to the CWD. The date the class member must return the notice shall be 30 days from the date of this notice or the end of the claim period, whichever is longer.

JACOBSON V. ANDERSON  
RETROACTIVE RELIEF

CLAIM FORM AND CAMERA-READY NOAs



# GAIN MAY OWE YOU MONEY! JACOBSON V. ANDERSON CLAIM FORM

If you enrolled in an education or training program on your own and GAIN wouldn't approve the program because it would take more than two years to finish or your program was approved but it could not be finished in two years, GAIN may owe you money.

Fill out this form the best you can. You must mail or bring it to us by September 28, 1993. If your claim is late, it will be denied.

At any time between May 9, 1987 and September 30, 1990:

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Were you in the GAIN Program?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did GAIN deny an education or training program you enrolled in only because you couldn't finish the program in two years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was your education or training program approved but you did not finish it within two years?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was your cash aid lowered because you kept going to your education or training program instead of going to GAIN?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you stop going to your education or training program in order to go to GAIN to keep from having your cash aid lowered? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you volunteer for GAIN?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you on cash aid now?   | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer **YES** to **TWO** or more questions, GAIN may owe you money. Complete the rest of this CLAIM FORM. Mail or bring it to the County Welfare Office or the GAIN Office so we can review your case.

"Si usted estaba en un programa de educación o entrenamiento por cuenta propia y GAIN no aprobó ese programa porque tomaría más de dos años para terminarlo, o su programa estaba aprobado pero no podía terminarse en dos años, es posible que GAIN le deba dinero. Para más información, llame a su trabajador(a) de GAIN o llame al 1-800-395-6113."

“បើសិនជាលោកអ្នកចាំបំប៉នឆ្មោះសិក្សា ឬហ៊ុកហ្វាននៅក្នុងកម្មវិធីយូធូដោយខ្លួនឯង និងកម្មវិធី GAIN មិនបានឈប់ព្រមចំពោះកម្មវិធីនោះទេ ពីព្រោះព័ត៌មានក្នុងកម្រិតបំណាយពេលប្រើសំរាប់ ព័ត៌មានដើម្បីប្រាប់ ឬក៏បានឈប់ចំពោះកម្មវិធីនោះក៏ពុំមែន លោកអ្នកមិនអាចបញ្ចូលនៅក្នុង បោះពុម្ពព័ត៌មាន កម្មវិធី GAIN អាចជំរកព័ត៌មានលោកអ្នក ។ លម្អិតលម្អៃក្នុងសំណុំរឿង GAIN របស់លោកអ្នក ឬទាញយក 1-800-952-5253 ដើម្បីទទួលបានព័ត៌មានបន្ថែម ។”

\*假如你參加了自己個人的教育或訓練計劃，而GAIN 不批准那項計劃，理由在於要完成那項計劃需花二年以上的時間，或者是你的計劃已獲批准，但不能在二年內完成的話，GAIN 可能欠你錢。請打電話給你的GAIN 工作員或電電話：1-800-952-5253，以取得更多的事實情況。

“ຖ້າທ່ານຫາກໄດ້ເຂົ້າຢູ່ໃນໂຄງການ ການສຶກສາ ຫຼືການວິໄຈກຸ່ມດ້ວຍທ່ານເອງ ແລະ GAIN ບໍ່ໄດ້ອະນຸຍາດໃຫ້ໂຄງການດັ່ງກ່າວ ເພາະວ່າໂຄງການນີ້ຈະໃຊ້ເວລາຮຽນຈົບຍາມ ກວ່າ 2 ປີ ຫຼືວິວັດໂຄງການຂອງທ່ານໂດຍອະນຸຍາດໃຫ້ຮຽນ ແຕ່ວ່າຈະໃຊ້ມາດຮຽນຈົບ ພາຍໃນສຽງນີ້ນັ້ນ GAIN ອາດຕິດພັນໄດ້. ກະຮຸນໂທຣະສັນຫາພັນການ GAIN ຂອງ ທ່ານ ຫຼືໂທຫາເລກ 1-800-952-5253 ເພື່ອໃຫ້ທ່ານລາຍຮອດເພີ່ມເຕີມ.”

"Nếu quý vị tự mình ghi danh vào một chương trình học văn hóa hay huấn nghệ và Chương Trình GAIN đã không chấp thuận chương trình đó bởi vì thời gian để hoàn tất việc học mất trên hai năm hoặc nếu chương trình học của quý vị đã được chấp thuận nhưng chương trình chính đó đã không thể học xong trong hai năm, Chương Trình GAIN có thể còn thiếu tiền quý vị. Xin gọi cho nhân viên Chương Trình GAIN của quý vị ở điện thoại số 1-800-952-5253 để biết thêm về các sự kiện."

If you need more facts, call 1-800-395-6113.

YOUR NAME: \_\_\_\_\_

Name you used while in GAIN:

Date of Birth:                      /                      /

County of residence between May 9, 1987 and September 30, 1990:

(If more than one, submit a separate claim to each county.)

FILL OUT AS MANY SPACES AS YOU CAN.

AFDC and/or GAIN Case Number(s): \_\_\_\_\_

Current Address Number/Street

City/State/Zip Code

Telephone: ( ) \_\_\_\_\_

Date(s) you were denied cash aid or your cash aid was lowered:

Name of school or training program: \_\_\_\_\_

Date(s) you attended: \_\_\_\_\_

Do you want to re-enroll in the education or training program you had to stop going to or a similar one? YES ☐ NO ☐

Do you want supportive services while you go to your education or training program? ☐ ☐

Do you want back pay for the supportive services ☐ ☐  
GAIN would not pay while you went to your education  
or training program?

Supportive services are help from GAIN to pay for child care, transportation and books, tools and uniforms you need to go to your education or training program.

You must give us your social security number. We cannot process your claim without it. We will use your number to get facts from other public agencies.

Social Security Act, Section 402(a) (25)  
I declare under penalty of perjury under the laws of the United States of America and the State of California that to the best of my knowledge the facts in this statement are true, correct and complete.

Social Security No. /

**Signature**

Date \_\_\_\_\_

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

Because of the Jacobson v. Anderson lawsuit:

- ☐ As of \_\_\_\_\_, we approved your claim for back payment for cash aid of \$\_\_\_\_\_.
- ☐ As of \_\_\_\_\_, we completed reviewing your case. We owe you a back payment for cash aid of \$\_\_\_\_\_.

Here's why:

- ☐ GAIN did not approve your education or training program only because it would take more than two years to finish. You did not stop going to your program to go to GAIN so your cash aid was lowered.
- ☐ GAIN approved your education or training program even though it would take more than two years to finish. After two years, you did not stop going to your program to go to GAIN so your cash aid was lowered.

Your back payment for cash aid is figured on the next page.

- ☐ A check will be sent soon.
- ☐ A check is enclosed.
  - ☐ Your back payment for cash aid was used to pay your outstanding overpayment in AFDC. SEE ATTACHED NOTICE.
  - ☐ You have an outstanding overpayment in GAIN
    - ☐ transportation ☐ child care ☐ ancillary expenses (books, equipment, uniforms, tools). You may pay the GAIN overpayment with your cash aid back payment. SEE ATTACHED NOTICE.

☐ Other:

This check will NOT be counted as income if you are on cash aid.

If you are not on cash aid and you get Food Stamps, you will get another notice from Food Stamps.

**Rules:** These rules apply; you may review them at your GAIN office: MPP 50-023, Jacobson v. Anderson

# NOTICE OF ACTION

(Continued)

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_

Your payment adjustment is figured as follows:

## Monthly Back Cash Aid Amount

Section A. Your Countable Income in \_\_\_\_\_  
(MONTH/YEAR)

Total Earned Income \$ \_\_\_\_\_  
Work Expense Disregard - \_\_\_\_\_  
\$30 and 1/3 Disregard - \_\_\_\_\_  
Dependent Care Disregard - \_\_\_\_\_  
Other Countable Income (list sources):  
\_\_\_\_\_ + \_\_\_\_\_  
\_\_\_\_\_ + \_\_\_\_\_  
\_\_\_\_\_ + \_\_\_\_\_  
Court Ordered Support you paid - \_\_\_\_\_  
Net Countable Income \$

Section B. Your Cash Aid In \_\_\_\_\_  
(MONTH/YEAR)

Basic Need \_\_\_\_\_ Persons \$ \_\_\_\_\_  
Special Needs ..... + \_\_\_\_\_  
Net Countable Income from Section A ..... - \_\_\_\_\_  
Basic Need Subtotal ..... \$   
Monthly Cash Aid Amount You Should  
Have Got \$ \_\_\_\_\_  
Monthly Cash Aid Amount You Got - \_\_\_\_\_  
Back Cash Aid This Month \$

Section A. Your Countable Income in \_\_\_\_\_  
(MONTH/YEAR)

Total Earned Income \$ \_\_\_\_\_  
Work Expense Disregard - \_\_\_\_\_  
\$30 and 1/3 Disregard - \_\_\_\_\_  
Dependent Care Disregard - \_\_\_\_\_  
Other Countable Income (list sources):  
\_\_\_\_\_ + \_\_\_\_\_  
\_\_\_\_\_ + \_\_\_\_\_  
\_\_\_\_\_ + \_\_\_\_\_  
Court Ordered Support you paid - \_\_\_\_\_  
Net Countable Income \$

Section B. Your Cash Aid In \_\_\_\_\_  
(MONTH/YEAR)

Basic Need \_\_\_\_\_ Persons \$ \_\_\_\_\_  
Special Needs ..... + \_\_\_\_\_  
Net Countable Income from Section A ..... - \_\_\_\_\_  
Basic Need Subtotal ..... \$   
Monthly Cash Aid Amount You Should  
Have Got \$ \_\_\_\_\_  
Monthly Cash Aid Amount You Got - \_\_\_\_\_  
Back Cash Aid This Month \$

SUBTOTAL Back Cash Aid = \$ \_\_\_\_\_

for \_\_\_\_\_ through \_\_\_\_\_

Interest rate multiplier X \_\_\_\_\_  
(if it applies)

Amount we owe you = \$ \_\_\_\_\_

Overpayment adjustment - \$ \_\_\_\_\_  
(see attached overpayment notice)

TOTAL we owe you = \$

Rules: These rules apply; you may review them at your GAIN office: MPP 50-023, Jacobson v. Anderson

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.**

Because of the Jacobson v. Anderson lawsuit:

- ☐ We reviewed your case file on \_\_\_\_\_.  
You told us on \_\_\_\_\_ you wanted back payment for ☐ child care ☐ transportation ☐ ancillary expenses (books, equipment, fees, uniforms, tools) you did not get while you went to your education or training program. The back payment for these services is \$\_\_\_\_\_.
- ☐ As of \_\_\_\_\_, we approved your claim for ☐ child care ☐ transportation ☐ ancillary expenses (books, equipment, fees, uniforms, tools) you did not get while you went to your education or training program. The back payment for these services is \$\_\_\_\_\_.

Here's why:

- ☐ GAIN did not approve your education or training program only because it would take more than two years to finish. You did not stop going to your program to go to GAIN. GAIN did not pay for supportive services while you went to your program.
- ☐ GAIN did not approve your education or training program only because it would take more than two years to finish. You continued in your program while you participated in GAIN. GAIN did not pay for supportive services while you went to your program.
- ☐ You volunteered for GAIN. GAIN did not approve your education or training program only because it would take more than two years to finish. You did not stop going to your program. GAIN did not pay for supportive services while you went to your program.

Your back payment for cash aid is figured on the next page.

- ☐ A check will be sent soon.
- ☐ A check is enclosed.
- ☐ Your back payment for child care was used to pay your overpayment in child care. IF THIS ACTION WILL CAUSE A PROBLEM WITH YOUR CHILD CARE, CALL YOUR GAIN WORKER. SEE ATTACHED NOTICE.
- ☐ Your back payment for ☐ transportation ☐ ancillary expenses (books, equipment, fees, uniforms, tools) was used to pay your overpayment in ☐ transportation ☐ ancillary expenses (books, equipment, fees, uniforms, tools). IF THIS ACTION WILL STOP YOU FROM GOING TO GAIN CALL YOUR GAIN WORKER. SEE ATTACHED NOTICE.
- ☐ Other:

This check will not be counted as income if you are on cash aid.

If you are NOT on cash aid and you get Food Stamps, you will get another notice from Food Stamps.

**Rules:** These rules apply; you may review them at your GAIN office: MPP 50-023, Jacobson v. Anderson

# NOTICE OF ACTION

(Continued)

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_

Your payment adjustment is figured as follows:

MONTH/YEAR \_\_\_\_\_

Child(ren): \_\_\_\_\_  
Child care for children not listed here stays the same.

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ ☐ hours ☐ days ☐ weeks ☐ month

= \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

MONTH/YEAR \_\_\_\_\_

Child(ren): \_\_\_\_\_  
Child care for children not listed here stays the same.

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ ☐ hours ☐ days ☐ weeks ☐ month

= \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

MONTH/YEAR \_\_\_\_\_

Child(ren): \_\_\_\_\_  
Child care for children not listed here stays the same.

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ ☐ hours ☐ days ☐ weeks ☐ month

= \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

SUBTOTAL child care = \$ \_\_\_\_\_

Interest rate multiplier X \_\_\_\_\_

Amount we owe you = \$ \_\_\_\_\_

Overpayment adjustment - \$ \_\_\_\_\_

**TOTAL WE OWE YOU** = \$

MONTH/YEAR \_\_\_\_\_

Child(ren): \_\_\_\_\_  
Child care for children not listed here stays the same.

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ ☐ hours ☐ days ☐ weeks ☐ month

= \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

MONTH/YEAR \_\_\_\_\_

Child(ren): \_\_\_\_\_  
Child care for children not listed here stays the same.

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ ☐ hours ☐ days ☐ weeks ☐ month

= \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

MONTH/YEAR \_\_\_\_\_

Child(ren): \_\_\_\_\_  
Child care for children not listed here stays the same.

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ ☐ hours ☐ days ☐ weeks ☐ month

= \$ \_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

**Rules:** These rules apply; you may review them at your GAIN office: MPP 50-023, Jacobson v. Anderson

# NOTICE OF ACTION

(Continued)

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_

Your payment adjustment is figured as follows:

MONTH/YEAR \_\_\_\_\_

☐ public transportation

X \_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
= \$ \_\_\_\_\_

☐ your car's mileage

X \_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
X \_\_\_\_\_ miles  
= \$ \_\_\_\_\_

☐ parking

\$ \_\_\_\_\_ ☐ month ☐ school term ☐ other

MONTH/YEAR \_\_\_\_\_

☐ public transportation

X \_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
= \$ \_\_\_\_\_

☐ your car's mileage

X \_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
X \_\_\_\_\_ miles  
= \$ \_\_\_\_\_

☐ parking

\$ \_\_\_\_\_ ☐ month ☐ school term ☐ other

MONTH/YEAR \_\_\_\_\_

☐ public transportation

X \_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
= \$ \_\_\_\_\_

☐ your car's mileage

X \_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
X \_\_\_\_\_ miles  
= \$ \_\_\_\_\_

☐ parking

\$ \_\_\_\_\_ ☐ month ☐ school term ☐ other

MONTH/YEAR \_\_\_\_\_

☐ public transportation

X \_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
= \$ \_\_\_\_\_

☐ your car's mileage

X \_\_\_\_\_ rate  
\_\_\_\_\_ per \_\_\_\_\_  
X \_\_\_\_\_ miles  
= \$ \_\_\_\_\_

☐ parking

\$ \_\_\_\_\_ ☐ month ☐ school term ☐ other

SUBTOTAL transportation: = \$

Rules: These rules apply; you may review them at your GAIN office: MPP 50-023, Jacobson v. Anderson

# NOTICE OF ACTION

(Continued)

COUNTY OF

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_

Your payment adjustment is figured as follows:

MONTH/YEAR _____			
Item	Cost	Item	Cost
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total		\$ _____	

MONTH/YEAR _____			
Item	Cost	Item	Cost
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total		\$ _____	

- ☐ The following items you asked for were not approved for payment:

Item	Item
_____	_____
_____	_____

- ☐ The following items you asked for were not approved for payment:

Item	Item
_____	_____
_____	_____

Here's why:

- ☐ The cost is not necessary because: \_\_\_\_\_
- ☐ You do not need \_\_\_\_\_ for your GAIN activity or to get a job because: \_\_\_\_\_
- ☐ We cannot pay for items needed for your education or training program.
- ☐ Other: \_\_\_\_\_

Here's why:

- ☐ The cost is not necessary because: \_\_\_\_\_
- ☐ You do not need \_\_\_\_\_ for your GAIN activity or to get a job because: \_\_\_\_\_
- ☐ We cannot pay for items needed for your education or training program.
- ☐ Other: \_\_\_\_\_

SUBTOTAL ancillary = \$ \_\_\_\_\_

SUBTOTAL transportation = \$ \_\_\_\_\_

TOTAL SUBTOTALS = \$ \_\_\_\_\_

Interest rate multiplier X \_\_\_\_\_  
(if it applies)

Amount we owe you = \$ \_\_\_\_\_

Overpayment adjustment - \$ \_\_\_\_\_  
(see attached overpayment notice)

TOTAL WE OWE YOU = \$

**Rules:** These rules apply; you may review them at your GAIN office: MPP 50-023, Jacobson v. Anderson

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

Because of the Jacobson v. Anderson lawsuit:

As of \_\_\_\_\_, we approved your request to re-enroll in your ☐ education ☐ training program in place of going to your other GAIN activity.

Here's why:

- ☐ GAIN did not approve your education or training program only because it would take more than two years to finish.
- ☐ GAIN approved your education or training program even though it would take more than two years to complete. After two years, you did not stop going to your program to go to GAIN so your cash aid was lowered.
- ☐ You volunteered for GAIN. GAIN did not approve your education or training program only because it would take more than two years to finish.
- ☐ You will get supportive services when you re-enroll in your program. You must re-enroll within one year after receiving this notice. Your supportive services are figured on the next page.
- ☐ You will not get supportive service when you re-enroll because you already got the two years of supportive services GAIN can give. You got supportive services from \_\_\_\_\_ to \_\_\_\_\_.
- ☐ Attached is your GAIN contract activity agreement. You must send or bring it to: \_\_\_\_\_ by \_\_\_\_\_. If you cannot come in, call us at \_\_\_\_\_.
- ☐ You must come in to see us at \_\_\_\_\_ by \_\_\_\_\_. If you cannot come in, call us at \_\_\_\_\_.

**Rules:** These rules apply; you may review them at your GAIN office: MPP 50-023, Jacobson v. Anderson



# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.**

On \_\_\_\_\_, we denied your claim that you gave us on \_\_\_\_\_ under the Jacobson v. Anderson lawsuit.

Here's why:

- ☐ Between May 9, 1987 and September 30, 1990:
  - ☐ You were not in GAIN in this County.
  - ☐ You were not enrolled in an approvable education or training program in this County.
  - ☐ You were not stopped from going to your education or training program by GAIN in this County.
  - ☐ Your education or training program was not denied because it could not be finished in two years. SEE ATTACHED NOTICE.
  - ☐ You never volunteered for GAIN in this County.
  - ☐ You were not denied cash aid for not going to GAIN in this County.
- ☐ Your claim was received after September 28, 1993.
- ☐ This is the wrong County. You must send your claim to the right County by September 28, 1993.
- ☐ This is the wrong County. We sent your claim to \_\_\_\_\_ County.  
You will get another notice from them.
- ☐ Other:

**Rules:** These rules apply; you may review them at your GAIN office: MPP50-023, Jacobson v. Anderson

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

When you went to your education or training program:

YES NO

☐ ☐ Did GAIN give you two years of supportive services? If YES, what was the date(s) \_\_\_\_\_

- What type of services: ☐ child care  
☐ transportation ☐ ancillary expenses (tools, equipment, books, fees, uniforms).

☐ ☐ Did you pay for your own child care expenses? If YES, what was the cost per ☐ day ☐ week ☐ month: \$ \_\_\_\_\_

- What was the total you spent: \$ \_\_\_\_\_

- Date(s): \_\_\_\_\_

☐ ☐ Did you pay for your own transportation expenses? If YES, ☐ public ☐ private car. Cost per ☐ day ☐ week ☐ month: \$ \_\_\_\_\_

- What was the miles if you drove car:  
miles \_\_\_\_\_ to; miles \_\_\_\_\_ from.

- How long did it take you to get to your program if you took public transportation?  
hours \_\_\_\_\_ to; hours \_\_\_\_\_ from.

- What was the total you spent: \$ \_\_\_\_\_

- Date(s): \_\_\_\_\_

☐ ☐ Did you pay for your ancillary expenses (tools, equipment, books, fees, uniforms) so you could go to your program?

- If YES, type of expenses:  
\_\_\_\_\_, \$ \_\_\_\_\_  
\_\_\_\_\_, \$ \_\_\_\_\_  
\_\_\_\_\_, \$ \_\_\_\_\_  
\_\_\_\_\_, \$ \_\_\_\_\_

ATTACH A COPY OF PROOF OF ENROLLMENT IN EDUCATION OR TRAINING PROGRAM; CHILD CARE; TRANSPORTATION; BOOKS, TOOLS, UNIFORM, FEES, EQUIPMENT.

If you do not have these documents, call your Welfare or GAIN worker for help or make a sworn statement.

Mail or bring this notice to: Office: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ by \_\_\_\_\_

If we don't have it by this date, we will not be able to finish looking at your case and any future claim will be denied.

GAIN may owe you money. GAIN is looking at your case because of the Jacobson v. Anderson lawsuit.

Here's why. Before October 1990:

☐ GAIN would not approve your education or training program only because it would take more than two years to finish. You would not stop going to your program to go to GAIN so your cash aid was lowered.

☐ GAIN approved your education or training program even though it would take more than two years to finish. After two years, you would not stop going to your program to go to GAIN so your cash aid was lowered.

☐ Before we can give you the back payment for cash aid, you must give us your current address:

\_\_\_\_\_  
Street/number

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone number

☐ To see if GAIN owes you money, we need you to answer the following questions the best you can:

YES NO

☐ ☐ Are you on aid now?

☐ ☐ Do you want to re-enroll in your same education or training program or a similar one?

☐ ☐ Do you want supportive services while you go to your education or training program? Supportive services are child care, transportation and ancillary expenses (tools, equipment, books, fees, uniforms).

☐ ☐ Do you want back pay for the supportive services GAIN did not pay while you went to your education or training program.

**Rules:** These rules apply; you may review them at your GAIN office: MPP 50-023, Jacobson v. Anderson

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

We need more facts on your claim under the Jacobson v. Anderson lawsuit you gave us on \_\_\_\_\_.

Here's why:

- ☐ There is information missing on the attached claim form. Fill in the circled parts on the claim the best you can.
- ☐ Before we can finish processing your claim, we need the following questions answered the best you can.

When you went to your education or training program:

YES NO

- ☐ ☐ Did GAIN give you two years of supportive services? If YES, what was the date(s) \_\_\_\_\_
    - What type of services: ☐ child care
    - ☐ transportation ☐ ancillary expenses (tools, equipment, books, fees, uniforms).
  - ☐ ☐ Did you pay for your own child care expenses. If YES, what was the cost per ☐ day ☐ week ☐ month: \$ \_\_\_\_\_
    - What was the total you spent: \$ \_\_\_\_\_
    - Date(s): \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YES NO

- ☐ ☐ Did you pay for your own transportation expenses? If YES, ☐ public ☐ private car. Cost per ☐ day ☐ week ☐ month: \$ \_\_\_\_\_
  - What was the miles if you drove a car: miles \_\_\_\_\_ to; miles \_\_\_\_\_ from.
  - How long did it take you to get to your program if you took public transportation? hours \_\_\_\_\_ to; hours \_\_\_\_\_ from.
  - What was the total you spent: \$ \_\_\_\_\_
  - Date(s): \_\_\_\_\_
- ☐ ☐ Did you pay for your ancillary expenses (tools, equipment, books, fees, uniforms). so you could go to your program?
  - If YES, type of expenses:  
\_\_\_\_\_, \$ \_\_\_\_\_  
\_\_\_\_\_, \$ \_\_\_\_\_  
\_\_\_\_\_, \$ \_\_\_\_\_  
\_\_\_\_\_, \$ \_\_\_\_\_

ATTACH A COPY OF PROOF OF ENROLLMENT IN EDUCATION OR TRAINING PROGRAM; CHILD CARE; TRANSPORTATION; BOOKS, TOOLS, UNIFORM, FEES, EQUIPMENT.

If you do not have these documents, call your Welfare or GAIN worker for help or make a sworn statement.

Mail or bring this notice to: Office: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ by \_\_\_\_\_

If we don't have it by this date, we will not be able to finish looking at your case and any future claim will be denied.

**Rules:** These rules apply; you may review them at your GAIN office: MPP 50-023, Jacobson v. Anderson

JACOBSON V. ANDERSON  
RETROACTIVE RELIEF

NOTICES AND OTHER FORMS

1. TEMP GAIN 78, Informing Notice Card (stuffer)  
Only for CWDs information.
2. TEMP GAIN 80, Informing Notice  
CWDs that do not possess separate records of persons sanctioned under the provisions of GAIN shall use this document to notify those individuals who were sanctioned within the county during the retroactive period.
3. GEN 1172, Statistical Report, Jacobson v. Anderson
4. GAIN 50 (6/92), How to Ask for a State Hearing
5. TEMP GAIN 57 (2/91), GAIN Supportive Services Repayment Agreement
6. TEMP GAIN 58 (9/92), GAIN Supportive Services Overpayment Notice
7. TEMP GAIN 59 (2/91), GAIN Supportive Services Overpayment Final Notice
8. TEMP GAIN 82 (7/93), Agreement to Balance GAIN Supportive Services Overpayment with AFDC Corrective Underpayment
9. TEMP GAIN 83 (7/93), Agreement to Balance AFDC Overpayment with GAIN Supportive Services Corrective Underpayment
10. ABCDM 228 (10/78) Applicant's Authorization for Release of Information

**JACOBSON VS ANDERSON NOTICE — IF YOU ENROLLED IN AN EDUCATION OR TRAINING PROGRAM ON YOUR OWN, GAIN MAY OWE YOU MONEY!**

Answer the questions as best you can. At any time between May 9, 1987 and September 30, 1990:

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Were you in the GAIN Program?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did GAIN deny an education or training program you enrolled in only because you couldn't finish the program in two years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was your education or training program approved but you did not finish it within two years?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was your cash aid lowered because you kept going to your education or training program instead of going to GAIN?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you stop going to your education or training program in order to go to GAIN to keep from having your cash aid lowered? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you volunteer for GAIN before October 1990?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you on cash aid now?   | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to TWO or more questions, GAIN may owe you money and you may be eligible for supportive services from GAIN or to reenroll in your education or training program. Go to your Welfare or GAIN Office and pick up a claim form or call and have the claim form mailed to you.

**YOU MUST MAIL OR BRING YOUR CLAIM FORM TO GAIN BY SEPTEMBER 28, 1993. IF YOUR CLAIM IS LATE, IT WILL BE DENIED.**

If you want more facts call 1-800 - 395-6113

Si usted estaba en un programa de educación o entrenamiento por cuenta propia y GAIN no aprobó ese programa porque tomaría más de dos años para terminarlo, o su programa estaba aprobado pero no podía terminarse en dos años, es posible que GAIN le deba dinero. Para más información, llame a su trabajador(a) de GAIN o llame al 1-800-395-6113.

បើសិនជាលោកអ្នកបានចុះឈ្មោះសិក្សា ឬបណ្តុះបណ្តាលនៅក្នុងកម្មវិធីមួយដោយខ្លួនឯង និងកម្មវិធី GAIN មិនបានយល់ព្រមចំពោះកម្មវិធីនោះទេ ពីព្រោះពេលវេលាសិក្សាត្រូវបានកំណត់យ៉ាងហ្មត់ចត់ ឬក៏គេបានយល់ព្រមចំពោះកម្មវិធីនោះក៏ដូចជា លោកអ្នកមិនអាចបញ្ចប់នៅក្នុងរយៈពេលពីរឆ្នាំ កម្មវិធី GAIN អាចជំពាក់លោកអ្នក ។ សូមទូរស័ព្ទអ្នកកាន់សំណុំរឿង GAIN របស់លោកអ្នក ឬតាមលេខ 1-800-952-5253 ដើម្បីទទួលបានព័ត៌មានបន្ថែម ។

假如你参加了自己个人的教育或训练计划，而 GAIN 不批准那项计划，理由在于要完成那项计划需花二年以上的時間，或者是你的计划已被批准，但不能在二年内完成的话，GAIN 可能欠你钱。請打電話給你的 GAIN 工作人員或撥電話：1-800-952-5253，以取得更多的事實情况。

ถ้าท่านதாகได้เข้าอยู่ในโครงการ การฝึกงาน ฝึกงานด้วยตนเอง และ GAIN ไม่ได้อະบุยาดให้โครงการต่างๆ เพราะว่าโครงการนี้จะใช้เวลาเรียนจบมากกว่า 2 ปี หมายความว่าโครงการของ ท่านได้ฝึกงานโดยบุยาดให้โรงเรียน แต่ว่าจะไม่สามารถเรียนจบภายในสองปีนั้น GAIN อาจติดหนี้ท่าน. กรุณาโทรและสืบหาพนักงาน GAIN ของท่าน ทั้โทรศัพท์เลข 1-800-952-5253 เพื่อใ้ทราบรายละเอียดเพิ่มเติม.

Nếu quý vị tự mình ghi danh vào một chương trình học văn hóa hay huấn nghệ và Chương Trình GAIN đã không chấp thuận chương trình đó bởi vì thời gian để hoàn tất việc học mất trên hai năm hoặc nếu chương trình học của quý vị đã được chấp thuận nhưng chương trình đó đã không thể học xong trong hai năm, Chương Trình GAIN có thể còn thiếu tiền quý vị. Xin gọi cho nhân viên Chương Trình GAIN của quý vị ở điện thoại số 1-800-952-5253 để biết thêm về các sự kiện.

**IF YOU ENROLLED IN AN EDUCATION OR TRAINING PROGRAM ON YOUR OWN,  
GAIN MAY OWE YOU MONEY!**

At any time between May 9, 1987 and September 30, 1990:

## COURT CASE STATISTICAL REPORT

SEND ONE COPY TO:

Department of Social Services  
Statistical Services Bureau  
744 P Street, M.S. 19-81  
Sacramento, CA 95814  
(916) 322-2230

**JACOBSON v. ANDERSON**

NAME OF COUNTY SUBMITTING REPORT

THIS REPORT IS DUE ON OR BEFORE:

**January 31, 1994****THIS REPORT IS:**

☐ ORIGINAL SUBMISSION ☐ SUBSEQUENT REPORT NO. \_\_\_\_\_ ☐ REVISION NO. \_\_\_\_\_

**REPORTING PERIOD:**

FROM: July 1, 1993

TO: September 28, 1993

**BEFORE COMPLETING THIS FORM, REFER TO MPP 50-023.822 FOR INSTRUCTIONS**

1. Total TEMP GAIN 80's (Informing Notice) mailed to potential class members.....
2. Total class members identified by CWD through case file search (equals sum of a + b below).....
  - a. Total class member "1".....
  - b. Total class member "2".....
3. Total TEMP GAIN 81's (Claim Form) mailed or given out by CWD.....
4. Total TEMP GAIN 81's received by CWD (equals sum of a + b below).....
  - a. Total claims approved as class members (equals sum of 1 through 5 below).....
    - 1) Total class member "1".....
    - 2) Total class member "2".....
    - 3) Total class member "3".....
    - 4) Total class member "4".....
    - 5) Total class member "5".....
  - b. Total claims denied (equals sum of 1 through 6 below).....
    - 1) Untimely.....
    - 2) Not a member of the class(es).....
    - 3) Wrong CWD.....
    - 4) Wrong CWD with referral.....
    - 5) Incomplete.....
    - 6) Other denials.....
5. Total amount of retroactive cash aid paid.....
6. Total amount of retroactive supportive services paid.....
7. Total number of overpayments offset with retroactive cash aid (both case file search and claims processing).....
  - a. Total amount of overpayments offset.....
8. Total number of supportive services overpayments offset with retroactive supportive services or cash aid (both case file search and claims processing).....
  - a. Total amount of overpayments offset.....
9. Total number of class members no longer on aid (both case file search/claims processing).....
  - a. Total amount of interest paid on cash aid.....
  - b. Total amount of interest paid on supportive services.....
10. Total number of class members who selected prospective supportive services.....
11. Total number of class members who selected to re-enroll in their SIP.....

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE



## YOUR GAIN HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in GAIN, your GAIN activity, or your GAIN supportive services.
- Asking for a GAIN hearing will not affect your AFDC cash aid.
- You only have 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

## WHILE YOU WAIT FOR A HEARING DECISION

**If you disagree with the County's decision about your GAIN status or your GAIN activity:**

- You do not have to participate in GAIN.
- You cannot come into the GAIN program if we have told you we cannot serve you.
- You can keep going to an unapproved self-initiated program, but we will not pay you any GAIN supportive services or give you any other GAIN services.
- You can keep going or start going to an activity different from the one we referred you to if the activity is open to non-GAIN participants, but we will not pay you any GAIN supportive services or give you any other GAIN services.
- You cannot keep going or start going to an activity different from the one we referred you to if the activity is open to GAIN participants only.

To get any GAIN supportive services payments, you must go to the GAIN activity the County has asked you to go to.

If you disagree with the County's decision about your supportive services payments, and you attend your approved GAIN activity, the County will pay supportive services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you go to your activity.
- If we have denied payments before the hearing, you will not get the requested payments.

If the amount of supportive services the County pays while you wait for a hearing decision is not enough, you can stop going to your GAIN activity.

You may get free legal help at your local legal aid office or welfare rights group, or from the CCWRO.

## HOW TO ASK FOR A STATE HEARING

**The best way to ask for a hearing is to fill out this page and send or take it to:**

**You may also call 1-800-952-5253.**

## HEARING REQUEST

I want a hearing because of an action by the Welfare Department

of \_\_\_\_\_ County about my

- ☐
- GAIN Status
- ☐
- GAIN Activity
- ☐
- GAIN Supportive Services

☐ Other (list) \_\_\_\_\_

**Here's why:**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

I will bring this person to the hearing to help me  
(name and address, if known):

\_\_\_\_\_

I need an interpreter at no cost to me. My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_  
(Print)

Address: \_\_\_\_\_

My signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

**GAIN SUPPORTIVE SERVICE  
REPAYMENT AGREEMENT**

ADDRESSEE

CASE NUMBER

CASE NAME

WORKER

DATE

**I. REPAYMENT TERMS AND CONDITIONS**

You must repay what you owe by using one or more of the methods listed in Section III. Your total overpayment is \$ \_\_\_\_\_ for ☐ child care, ☐ for transportation or work/training related expenses.

You do not have to begin to repay the overpayment while you are in GAIN if you would not be able to keep the child care you have now or you would not have enough money to pay for child care, transportation and/or work/training related expenses that you need to be in GAIN.

If you cannot repay or begin to repay now, tell your worker now or if this form was mailed to you, call your worker within ten days of the date the form was mailed. If the County agrees, you will still have to pay back what you owe, just not now. The County will then check to see if you can begin to repay when you change GAIN activities.

If you have any questions, please call us at \_\_\_\_\_.

If this agreement has been mailed to you and you have no questions, complete and sign this agreement. Keep the last copy. Return all other copies to the County. Do not send cash with this agreement. If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County name on it.

When approved by the County, a signed copy of this agreement will be sent to you.

If you are still in GAIN and do not return this agreement, completed and signed within ten days of the date this notice was mailed to you, the County will take action to collect the overpayment by reducing your next payment.

If you are no longer in GAIN and you do not return this form within ten days of the date this notice was mailed to you the County will demand payment and take other action to collect the overpayment.

**II. I understand that:**

- Any changes in my ability to pay can change my monthly payments.
- If anything changes, I can ask the County to enter into a new repayment agreement with me.
- If I do not pay as agreed; no longer get AFDC; or for any reason this agreement no longer works, the County will require a new repayment agreement.
- If I do not pay back the County as I have agreed, they can sue me to recover the amount owed even if it is beyond three-years. I may have to pay collection costs, attorney fees, court costs, and interest.
- If I do not pay, the County may take my state income tax refund and/or ask for the court to attach my wages or any property I own.
- The County may ask other family members to repay if I do not repay the overpayments.

**III. Check below the ways you want to repay. Fill in the amount(s) you will repay.****1. Cash Payment**

You may repay all or part of what you owe with cash.

- ☐ I will repay by lump sum cash payment of \$ \_\_\_\_\_ by \_\_\_\_\_
- ☐ I will repay by monthly cash payment of \$ \_\_\_\_\_ by the first day of each month beginning \_\_\_\_\_.

**2. Payment Reduction**

If you get GAIN supportive services payments, you can repay by a percentage of your monthly payment or you can pay more if you want to. The highest amount you have to repay is 10% of your supportive services monthly payment, if the overpayment was caused by you. If the overpayment was an error by the County, the highest amount you have to repay is 5% of your monthly supportive services payment. You can choose to pay the same amount each month.

- ☐ I will repay the highest amount that applies in my case.
- ☐ Instead of the highest amount, I will repay by having my supportive services payment reduced by \$ \_\_\_\_\_ each month.

**3. Grant Reduction**

You may repay by having your AFDC payment reduced.

- ☐ I will repay by having my AFDC grant reduced by \$ \_\_\_\_\_ each month.

**IV. CHECK THE BOX BELOW THAT APPLIES TO YOU**

- ☐ I can begin repayment within 30 days from the date this notice was mailed to me.
- ☐ I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose in Section III, by \_\_\_\_\_.

Mail this form and payments to:

Bring this form and payments "in person" to:

Sign your name below and enter the date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**V. To be completed by the County**

The above signed Agreement has been accepted by \_\_\_\_\_ on \_\_\_\_\_  
for \_\_\_\_\_ County.

Signature \_\_\_\_\_

**CONVENIO DE REEMBOLSO DE  
SERVICIOS DE APOYO DE GAIN**

DESTINATARIO

NUMERO DEL CASO

NOMBRE DEL CASO

TRABAJADOR(A)

FECHA

**I. TERMINOS Y CONDICIONES DE REEMBOLSO**

Usted tiene que pagar lo que debe usando uno o más de los métodos que se enumeran en la sección III. El total de su pago excesivo es \$ \_\_\_\_\_ por ☐ cuidado de niños, ☐ por transportación o gastos relacionados al trabajo/entrenamiento.

No tiene que comenzar a reembolsar el pago excesivo mientras esté en GAIN, si no podría continuar con el cuidado de niños que tiene ahora, o no tendría suficiente dinero para pagar cuidado de niños, transportación y/o gastos relacionados al trabajo/entrenamiento que necesitaría para estar en GAIN.

Si no puede pagar o comenzar a hacerlo ahora, dígaselo ahora a su trabajador(a), o si le enviaron esta forma, llame a su trabajador en diez días a partir de la fecha en que le enviaron la forma. Si el condado está de acuerdo, usted todavía tendrá que reembolsar lo que debe, pero no ahora. El condado verificará entonces si puede comenzar a pagar cuando usted cambie actividades de GAIN.

Si tiene preguntas, por favor llámenos al \_\_\_\_\_.

Si le enviaron por correo este convenio y no tiene preguntas, complete y firme este convenio. Quédesse con la última copia. Regrese todas las demás copias al condado. No envíe efectivo con este convenio. Si paga en efectivo, pague en persona. Asegúrese de pedir un recibo numerado con el nombre del condado en el mismo.

Cuando lo apruebe el condado, se le enviará una copia firmada de este convenio.

Si todavía está en GAIN y no regresa este convenio, completado y firmado en un un plazo de diez días contados a partir de la fecha en que se le envió, el condado ejercerá una acción para cobrar el pago excesivo, reduciendo su próximo pago.

Si ya no está en GAIN y no regresa esta forma en un plazo de diez días contados a partir de la fecha en que se le envió, el condado demandará el pago y ejercerá otra acción para cobrar el pago excesivo.

**II. Entiendo que:**

1. Cualesquier cambios en mi capacidad de pagar pueden cambiar mis abonos mensuales.
2. Si algo cambia, puedo pedirle al condado que celebre un nuevo convenio de reembolso conmigo.
3. Si no pago en la manera en que estuve de acuerdo, ya no recibo AFDC, o por cualquier razón este convenio ya no funciona, el condado requerirá un convenio nuevo de reembolso.
4. Si no le pago al condado de la manera en que he convenido, me pueden demandar para recuperar la cantidad que debo, aun cuando sea después de tres años. Es posible que tenga que pagar gastos de cobranza, honorarios de abogado, gastos de tribunal e intereses.
5. Si no pago, el condado puede tomar mi devolución de impuestos del estado y/o pedir a la corte que embargue mi salario o propiedad que tenga.
6. El condado puede pedir a otros miembros de la familia que paguen si no reembolso el pago excesivo.

**III. Marque abajo la manera en que quiere pagar. Anote la cantidad(es) que reembolsará.****1. Pago en efectivo**

Puede reembolsar todo o parte de lo que debe en efectivo.

- ☐ Pagaré con una cantidad global de \$ \_\_\_\_\_ antes de \_\_\_\_\_
- ☐ Pagaré con un pago mensual en efectivo de \$ \_\_\_\_\_ el primero de cada mes, comenzando el \_\_\_\_\_.

**2. Reducción del pago mensual de servicios de apoyo**

Si recibe pagos para servicios de apoyo de GAIN, puede hacer el reembolso con un porcentaje de su pago mensual, o puede pagar más si desea. Si usted causó el pago excesivo, el porcentaje más alto que tiene que reembolsar es un 10% de su pago mensual de servicios de apoyo. Si el pago excesivo fue causado por error del condado, el porcentaje máximo que tiene que reembolsar es un 5% de su pago mensual de servicios de apoyo. Puede escoger pagar la misma cantidad cada mes.

- ☐ Reembolsaré la máxima cantidad que aplica a mi caso.
- ☐ En lugar de la cantidad máxima, haré el reembolso permitiendo que se reduzcan mis pagos para servicios de apoyo \$ \_\_\_\_\_ cada mes.

**3. Reducción del pago mensual de asistencia**

Usted puede pagar permitiendo que le reduzcan su pago de AFDC.

- ☐ Haré el reembolso permitiendo que se me reduzca mi pago mensual de AFDC \$ \_\_\_\_\_ cada mes.

Ponga sus iniciales aquí,  
para mostrar que ha leído y  
entiende los artículos del 1 al 6.

**IV. MARQUE EN SEGUIDA, LA CASILLA QUE APLIQUE AL CASO SUYO**

- ☐ Puedo comenzar a hacer el reembolso en un término de 30 días a partir de la fecha en que se me envió esta forma.
- ☐ No puedo comenzar a hacer el reembolso en un término de 30 días a partir de la fecha en que se me envió esta forma, pero comenzaré a hacer el reembolso en la manera(s) en que estuve de acuerdo en la Sección III, a más tardar el \_\_\_\_\_.

Envíe esta forma y los pagos a:

Traiga esta forma y los pagos "en persona" a:

Firme su nombre en seguida y anote la fecha.

Firma \_\_\_\_\_ Fecha \_\_\_\_\_

**V. Para ser completada por el condado**

The above signed Agreement has been accepted by \_\_\_\_\_ on \_\_\_\_\_

for \_\_\_\_\_ County.

Signature \_\_\_\_\_

**GAIN SUPPORTIVE SERVICES OVERPAYMENT NOTICE**

COUNTY OF: \_\_\_\_\_

ADDRESSEE: \_\_\_\_\_

NOTICE DATE: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

WORKER'S NAME: \_\_\_\_\_

You were overpaid for the following Supportive Services(s) for the month(s) of \_\_\_\_\_:

☐ Child Care☐ Transportation expenses☐ Work/training related expenses**HERE'S WHY:**☐ You did not have good reason for not participating in the following assigned activity \_\_\_\_\_ and were not eligible for supportive services.☐ You were paid an advance payment for \_\_\_\_\_ that you did not use to pay for GAIN expenses.☐ Other: \_\_\_\_\_

The following shows how much you were paid or what the County paid for you, the amount that should have been paid and the total amount you owe.

AMOUNT PAID.....	\$	\$	\$	\$
LESS AMOUNT YOU SHOULD HAVE BEEN PAID.....	-\$	-\$	-\$	-\$
OVERPAYMENT AMOUNT.....	=\$	=\$	=\$	=\$
TOTAL OVERPAYMENT (YOU OWE) FROM THIS NOTICE.....				=\$
PLUS TOTAL PREVIOUS UNCOLLECTED OVERPAYMENT.....				+\$
LESS UNDERPAYMENT.....				-\$
NEW TOTAL AMOUNT YOU OWE.....				=\$

**ONLY THE BOXES THAT ARE CHECKED BELOW APPLY TO YOU:**

You must pay back what you owe. You have 10 days from the date this notice was mailed to you to:

☐ pay in full what you owe, ☐ complete and return the enclosed repayment agreement or,☐ call your county at \_\_\_\_\_ to discuss a repayment agreement with the County.

If you don't pay what you owe or contact your County within 10 days after the date this notice was mailed to you, the County will collect the overpayment by lowering your supportive services payment.

The amount collected will be 5% of your supportive services payment if the overpayment was caused by the County or 10% of your supportive services payment if the overpayment was caused by you.

The overpayment collection will continue for each month you request a payment until the amount you owe is paid back. This means that your next supportive services payment of up to \$\_\_\_\_\_ will be lowered by no more than \$\_\_\_\_\_.

You may not have to repay in any month while you are in GAIN if you would:

- not have enough money to pay for child care, transportation and or work/training related expenses to be in GAIN and/or
- have to change the child care arrangements you have now.

☐ Call your worker to have your repayment delayed, if either of the reasons above apply to you.☐ You have told the County before that you cannot begin to repay the overpayment while you are in GAIN. The County will delay this repayment.**CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR GAIN HEARING RIGHTS" FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.**

If you go off aid before the overpayment is paid back and you do not continue to repay, the County may take what you owe out of your state income tax refund or take other action to collect.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order send or bring it to:

Address: \_\_\_\_\_

If you pay by cash, pay in person. **DO NOT MAIL CASH.** Be sure to ask for a numbered receipt with the County's name on it.**RULES:** These rules apply: MPP 42-751. You may review them at your welfare office.

**NOTIFICACION DE PAGO EXCESIVO DE SERVICIOS DE APOYO DE GAIN****CONDADO DE:** \_\_\_\_\_**DESTINATARIO:** \_\_\_\_\_

FECHA DE LA NOTIFICACION: \_\_\_\_\_

NOMBRE DEL CASO: \_\_\_\_\_

NUMERO DEL CASO: \_\_\_\_\_

NOMBRE DEL TRABAJADOR(A): \_\_\_\_\_

Se le pagó de más en los siguientes servicios de apoyo para los meses de \_\_\_\_\_:

☐ Cuidado de niños☐ Gastos de transportación☐ Gastos relacionados al trabajo/entrenamiento**LA RAZON ES LA SIGUIENTE:**☐ Usted no tuvo un motivo justificado para no participar en la siguiente actividad que se le asignó \_\_\_\_\_ y no era elegible para servicios de apoyo.☐ Se le hizo un pago por adelantado para \_\_\_\_\_ el cual usted no usó para pagar gastos de GAIN.☐ Otro: \_\_\_\_\_

En seguida se muestra lo que se le pagó, o lo que el condado pagó a nombre suyo, la cantidad que se debió pagar y la cantidad total que usted debe.

CANTIDAD PAGADA.....	\$	\$	\$	\$
MENOS LA CANTIDAD QUE SE LE DEBIO HABER PAGADO .....	- \$	- \$	- \$	- \$
CANTIDAD DEL PAGO EXCESIVO .....	= \$	= \$	= \$	= \$
TOTAL DEL PAGO EXCESIVO (QUE DEBE) EN ESTA NOTIFICACION .....				= \$
MAS EL TOTAL DEL PAGO EXCESIVO ANTERIOR QUE NO SE HA COBRADO .....				+ \$
MENOS PAGO INSUFICIENTE .....				- \$
CANTIDAD TOTAL NUEVA QUE USTED DEBE .....				= \$

**SOLAMENTE APLICAN A USTED, LAS CASILLAS QUE ESTAN MARCADAS EN SIGUIDA:**

Tiene que reembolsar lo que debe. Tiene 10 días a partir de la fecha en que se le envió esta notificación, para:

- ☐ pagar completamente lo que debe, ☐ completar y regresar el convenio de reembolso que se adjunta, o,  
☐ llamar a su condado al \_\_\_\_\_ para hablar sobre el convenio de reembolso.

Si usted no paga lo que debe, o no se pone en contacto con su condado en un plazo de 10 días a partir de la fecha en que se le envió esta notificación, el condado cobrará el pago excesivo rebajando sus pagos de servicios de apoyo.

La cantidad que se cobre será 5% de su pago de servicios de apoyo si el condado causó el pago excesivo, o 10% de su pago de servicios de apoyo si usted causó el pago excesivo.

El cobro del pago excesivo continuará, en cada mes en que pida un pago, hasta que termine de pagar lo que debe. Esto significa que su próximo pago de servicios de apoyo de hasta \$ \_\_\_\_\_ será reducido en no más de \$ \_\_\_\_\_.

Es posible que no tenga que pagar en ningún mes en que esté en GAIN, si usted:

- no tendría suficiente dinero para pagar el cuidado de sus niños, transportación y/o gastos relacionados al trabajo/entrenamiento para estar en GAIN y/o
  - tendría que cambiar sus arreglos para el cuidado de sus niños que tiene ahora.
- ☐ Llame a su trabajador para que demoren su reembolso, si alguna de las razones anteriores aplican a usted.  
☐ Usted le ha dicho al condado antes que no puede comenzar a reembolsar el pago excesivo mientras esté en GAIN. El condado demorará este reembolso.

**SI CREE QUE ESTA NOTIFICACION ESTA EQUIVOCADA, COMUNIQUESE CON SU TRABAJADOR. TAMBIEN PUEDE PEDIR UNA AUDIENCIA CON EL ESTADO. LA FORMA "SUS DERECHOS A UNA AUDIENCIA DE GAIN" LE DICE COMO PEDIR UNA AUDIENCIA.**

Si deja de recibir asistencia antes de reembolsar el pago excesivo, y no sigue pagando, el condado puede tomar lo que debe, de su devolución de impuestos del estado sobre los ingresos, o puede ejercitar cualquier otra acción de cobranza.

No tiene que usar ningunos beneficios que recibe del Seguro Social o de SSI para reembolsar este pago excesivo.

Si paga con cheque o giro, envíelo o tráigalo a:

Dirección: \_\_\_\_\_

Si paga con efectivo, pague en persona. **NO ENVIE EFECTIVO.** Asegúrese de pedir un recibo numerado con el nombre del condado.**ORDENAMIENTOS:** Estas reglas aplican. MPP 42-751. Puede consultarlas en su oficina de bienestar.

**GAIN SUPPORTIVE SERVICES  
OVERPAYMENT FINAL NOTICE**COUNTY OF: \_\_\_\_\_  
ADDRESSEE \_\_\_\_\_

NOTICE DATE: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

WORKER'S NAME: \_\_\_\_\_

We told you on \_\_\_\_\_ that you were overpaid for the following supportive service(s):

☐ Child Care☐ Transportation expenses☐ Work/training related expenses

The amount of your overpayment that you still owe is \$ \_\_\_\_\_ and is due now.

**HERE'S WHY:**☐ You did not agree to repay.☐ You did not pay as agreed.☐ You are no longer in GAIN, and your method of repayment no longer works.☐ You are no longer getting AFDC, and your method of repayment no longer works.☐ You did not have to repay while you were in GAIN. Now you need to repay.☐ Other. \_\_\_\_\_

TOTAL OVERPAID AMOUNT	LESS AMOUNT YOU REPAID	TOTAL AMOUNT YOU OWE
\$ _____	- \$ _____	= \$ _____

You must pay the County what you owe or contact us to make a repayment plan within ten days from the date this notice was mailed to you.

If you do not repay the County or contact the County to enter into a repayment agreement, the County may take what you owe out of your state income tax refund or take other action to collect the amount you owe.

If you get AFDC you can ask to have your AFDC grant lowered to pay what you owe.

You do not have to use any Social Security or SSI benefits to repay this overpayment.

If you pay by check or money order, send or bring it to:

Address: \_\_\_\_\_

If you pay by cash, pay in person. **DO NOT MAIL CASH.** Be sure to ask for a numbered receipt with the County name on it.

If you have any questions call \_\_\_\_\_.

**CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. 'YOUR GAIN HEARING RIGHTS' FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.****RULES:** These rules apply. MPP 42-751 You may review them at your welfare office.

**SERVICIOS DE APOYO DE GAIN**  
**NOTIFICACION FINAL SOBRE EL PAGO EXCESIVO**  
**CONDADO DE:** \_\_\_\_\_  
**DESTINATARIO** \_\_\_\_\_

FECHA DE LA NOTIFICACION: \_\_\_\_\_

NOMBRE DEL CASO: \_\_\_\_\_

NUMERO DEL CASO: \_\_\_\_\_

NOMBRE DEL TRABAJADOR(A): \_\_\_\_\_

En \_\_\_\_\_, le dijimos que usted recibió un pago excesivo por los siguientes servicios de apoyo:

- ☐ Cuidado de niños      ☐ Gastos de transportación      ☐ Gastos relacionados al trabajo/entrenamiento

La cantidad de su pago excesivo que todavía debe es \$ \_\_\_\_\_ y ya está vencida.

**LA RAZON ES LA SIGUIENTE:**

- ☐ No estuvo de acuerdo en reembolsar la cantidad.  
☐ No pagó de la manera en que se convino.  
☐ Ya no está en GAIN, y su método de reembolso ya no funciona.  
☐ Ya no recibe AFDC, y su método de reembolso ya no funciona.  
☐ No tenía que reembolsar la cantidad mientras estaba en GAIN. Ahora tiene que hacerlo.  
☐ Otro. \_\_\_\_\_

TOTAL QUE SE PAGO EN EXCESO	MENOS LA CANTIDAD QUE REEMBOLSO	CANTIDAD TOTAL QUE DEBE
\$ _____	- \$ _____	= \$ _____

Tiene que pagarle al condado lo que debe, o ponerse en contacto con nosotros para hacer un plan de reembolso en un plazo de diez días a partir de la fecha en que se le envió esta notificación.

Si no le reembolsa al condado, o se pone en contacto con ellos para concertar un convenio de reembolso, el condado puede tomar lo que les debe de su devolución de impuestos estatales sobre los ingresos, o puede tomar otra acción para cobrar la cantidad que les debe.

Si recibe AFDC, puede pedir que le rebajen su pago mensual de AFDC para pagar lo que debe.

No tiene que usar ningunos beneficios del Seguro Social o de SSI para reembolsar este pago excesivo.

Si paga con cheque o con giro, envíelo o tráigalo a:

Dirección:

Si paga con dinero en efectivo, pague en persona. **NO ENVIE EFECTIVO EN EL CORREO.** Asegúrese de pedir un recibo numerado con el nombre del condado en el mismo.

Si tiene preguntas, llame a \_\_\_\_\_.

**SI CREE QUE ESTA NOTIFICACION ESTA EQUIVOCADA, COMUNIQUESE CON SU TRABAJADOR(A). TAMBIEN PUEDE PEDIR UNA AUDIENCIA CON EL ESTADO. LA FORMA "SUS DERECHOS A UNA AUDIENCIA DE GAIN" LE EXPLICA COMO PEDIR UNA AUDIENCIA CON EL ESTADO.**

**ORDENAMIENTOS:** Estos ordenamientos aplican. MPP 42-751. Puede consultarlos en su oficina de bienestar.

# **AGREEMENT TO BALANCE GAIN SUPPORTIVE SERVICES OVERPAYMENT WITH AFDC CORRECTIVE PAYMENT**

COUNTY OF: \_\_\_\_\_

ADDRESSEE

CASE NUMBER: \_\_\_\_\_

WORKER: \_\_\_\_\_

Date: \_\_\_\_\_

## **A. BALANCING OVERPAYMENT WITH CORRECTIVE PAYMENT:**

1. You have a corrective payment in AFDC of \$\_\_\_\_\_ because of \_\_\_\_\_.
2. We told you on \_\_\_\_\_ that you must repay the extra money we gave you for ☐ child care ☐ transportation ☐ ancillary expenses. You still owe us \$\_\_\_\_\_.
3. Your corrective payment in AFDC can be used to pay your overpayment in GAIN. If you want to repay what you owe with your corrective payment, sign this form and return it to us by \_\_\_\_\_.

If you do not repay the overpayment, the County can sue you to recover the amount you owe. If the County sues you, you may have to pay collection costs, attorney fees, court costs and interest.

### **Mail this form to:**

- ☐ I agree to use the money from my AFDC corrective payment to repay what I owe GAIN.

Signature \_\_\_\_\_ Date \_\_\_\_\_

After we receive this form, we will send you any remaining amount of the payment or we will send you a notice telling you the balance of what you owe us.

- ☐ I do not agree to use the money from my AFDC corrective payment to repay what I owe GAIN.

Signature \_\_\_\_\_ Date \_\_\_\_\_

After we receive this form, we will send you the corrective payment.

## **B. TO BE COMPLETED BY THE COUNTY.**

The above signed agreement has been accepted by \_\_\_\_\_ on \_\_\_\_\_ for \_\_\_\_\_ County.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**AGREEMENT TO BALANCE GAIN SUPPORTIVE SERVICES CORRECTIVE  
PAYMENT AGAINST AFDC OVERPAYMENT**

COUNTY OF: \_\_\_\_\_

ADDRESSEE \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

WORKER: \_\_\_\_\_

Date: \_\_\_\_\_

**A. BALANCING OVERPAYMENT WITH CORRECTIVE PAYMENT:**

1. You have a corrective payment in GAIN of \$ \_\_\_\_\_ because of \_\_\_\_\_.
2. We told you on \_\_\_\_\_ that you must repay the extra money we gave you in cash aid. You still owe us \$ \_\_\_\_\_.
3. Your corrective underpayment in GAIN can be used to pay your overpayment in AFDC. If you want to repay what you owe with your corrective payment, sign this form and return it to us by \_\_\_\_\_.

If you do not repay the overpayment, the County can sue you to recover the amount you owe. If the County sues you, you may have to pay collection costs, attorney fees, court costs and interest.

**Mail this form to:**

- ☐ I agree to use the money from my GAIN corrective payment to repay what I owe AFDC.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- ☐ After we receive this form, we will send you any remaining amount of the payment or we will send you a notice telling you the balance of what you owe us.

- ☐ I do not agree to use the money from my GAIN corrective payment to repay what I owe AFDC.

Signature \_\_\_\_\_ Date \_\_\_\_\_

After we receive this form, we will send you the corrective payment.

The above signed agreement has been accepted by \_\_\_\_\_ on  
\_\_\_\_\_ for \_\_\_\_\_ County.

Signature \_\_\_\_\_ Date \_\_\_\_\_

APPLICANT'S AUTHORIZATION  
FOR RELEASE OF INFORMATION

(AGENCY OR INDIVIDUAL FROM WHOM INFORMATION IS REQUESTED)

To:

I, \_\_\_\_\_, RESIDING AT \_\_\_\_\_

, HEREBY AUTHORIZE YOU TO RELEASE TO THE

SPECIFIC

(NAME OF AGENCY, INSTITUTION, INDIVIDUAL PROVIDER)

INFORMATION REQUESTED BY THIS AGENCY WHICH I CANNOT PROVIDE CONCERNING \_\_\_\_\_

THIS INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSE \_\_\_\_\_

THIS FORM WAS COMPLETED IN ITS ENTIRETY AND WAS READ BY ME (OR READ TO ME) PRIOR TO SIGNING.

SIGNATURE OF APPLICANT

DATE

BIRTHPLACE

BIRTHDATE

MAIDEN NAME OF MOTHER

SIGNATURE OR NAME OF SPOUSE

DATE

BIRTHPLACE OF SPOUSE

BIRTHDATE OF SPOUSE

MAIDEN NAME OF SPOUSE'S MOTHER